



let's feel good

Dental Plan Claim Form

Important Information

1. The claims administrator is **Denis UK Limited** and electronic claim services can be found at www.denisglobal.com.
2. After you have paid for your dental treatment at a dentist of your choice, please ensure that the practice provides you with the following information. You will need this information for your claim:
 - a. Itemised treatment descriptions with tooth numbers where required on page 2 of this form
 - b. Your dentists GDC number
 - c. A receipt that shows the amount paid, the date and the name of the practice. This is your proof of payment.
3. Please ensure that ALL sections on PAGE TWO of this claim form are completed clearly.
4. Complete a new claim form for each insured person. Please note that you may claim either under the NHS charge structure or the private. Do not claim both NHS and Private for the same treatment as this constitutes double billing.
5. Please note that you will only be reimbursed up to the maximum annual and individual limits specified on your Benefit Schedule. We recommend that you read your Benefit Schedule before undertaking any treatment as you will be liable for any costs that exceed the reimbursement levels shown on the Benefit Schedule.

Submitting a Claim

6. Send the fully completed claim form (Page Two) together with copies of payment receipts to Denis UK Limited by one of the following three methods:
 - a. Electronically at www.denisglobal.com. Here you can submit the claim form and receipt directly to us and receive an immediate confirmation email with your claim number. You can also submit an e-claim and avoid claim forms altogether (see online for detail).
 - b. By email to boots@denisuk.com. This takes a bit longer (usually 1-3 days after your email is sent) but when your claim is collated and entered into the system, you will receive email confirmation of the claim number.
 - c. By post to Boots Dental Plan, PO Box 6905, Basingstoke, RG24 4TE.
7. Please ensure that completed claim forms reach us as soon as possible but, in any event, within 180 days of completion of each item of treatment. Please note that we will not be liable in respect of any claim notified late, unless there is a justifiable reason for the delay.
8. Always keep a copy of the claim form, dentist invoice and receipts.
9. Reimbursement will be made to the principal insured in Pounds Sterling and paid directly into your bank account.
10. You can track the progress of your claim and review previous claims by logging in on www.denisglobal.com

Data Protection

AmTrust Europe Limited (the Data Controller) will use the personal data in this claim form for the purposes of handling your claim, to safeguard against fraud and money laundering and to meet general legal or regulatory obligations. Your data may be disclosed to companies who perform services on our behalf as well as our group companies, brokers, third party administrators, reinsurers, medical service providers, fraud detection agencies, regulatory authorities and others as may be required by law. Your personal data may be transferred to destinations outside the European Economic Area ("EEA"), and where this happens it will be treated securely and in accordance with the data protection legislation. Your data will not be retained for longer than is necessary and will be managed in accordance with our data retention policy. If you have any questions concerning our use of your personal data, please contact: The Data Protection Officer, AmTrust International 2 Minster Court, Mincing Lane, London, EC3R 7BB, England. Healix Insurance Services Ltd are a joint Data Controller and are equally committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation ("Legislation"). For more information, please visit <https://www.healix.com/insurance-capacity-management/>.

Declaration

By submitting this claim, I confirm that none of the treatment carried out overleaf had been identified or planned prior to policy inception. I declare that to the best of my knowledge and belief all the information given on this form is complete, true and correct. I have received the treatment specified and paid the stated fee. I agree to give my consent that any details regarding my claim may be discussed with my dentist. I confirm that I have paid the cost of treatment and will not be seeking to claim the costs from any other party, including the government. I understand that I am able to withdraw my consent at any time by giving notice in writing. I understand that if consent is not provided, then consent will be sought at the point in time when the information will be required, and this is likely to cause a delay in the provisions of the service.

Boots Dental Plan Claim Form Page Two

GENERAL INFORMATION

For a faster and more secure service, we encourage all claimants to utilise the online services found at www.denisglobal.com. You will need to register to access these services. Registration is simple. You will need your policy member number as shown on your welcome letter and the email address used when you purchased the dental plan. This form can be filled in and scanned or completed online. For simple claims there is a facility called e-claims where you need not submit a claim form at all.

Once registered you will have access to secure communication with the administrator as well as paperless claiming. Please call Denis UK on 0345 840 1111 if you have any difficulty.

PLEASE COMPLETE ALL SECTIONS BELOW

Name of Insured		Member Number	
Name of patient		Date of claim	
Member's Post Code		Members Email	
Dentist Name		Date on which all Treatment was completed	DD / MM / YYYY
GDC number			

YOUR BANK DETAILS FOR CLAIM PAYMENT

Sort Code		Account Number	
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CLAIM DETAILS NHS

Code	Band	Fee charged
2200	NHS Band 1	£
2201	NHS Band 2	£
2202	NHS Band 3	£
2203	NHS Band 4	£

CLAIM DETAILS PRIVATE

Please note that for private claims, tooth numbers are mandatory unless the field is marked with an X. Omitting tooth numbers will delay your claim. Most information you need for this claim will be on the dental practice invoice.

Code	Treatment	Qty	Fee	Tooth Numbers
2002	Emergency Treatment			X
2010	Examination			X
2012	Full Case Assessment			X
2021	X-rays small (each)			X
2023	Panoral x-ray			X
2030	Scale and polish			X
2051	Dental filling 1 or 2 surface			
2052	Dental filling 3 or 4 surface			
2050	Pin retention for large filling			
2061	Root canal canine or incisor			
2062	Root canal premolar			
2063	Root canal molar			
2064	Apicectomy			
2070	Routine extraction first tooth			
2072	Surgical extraction			
2073	Incise Abscess			

2076	Dressings and acute conditions			X
2078	Post-operative care			X
2080	Inlay or Onlay			
2091	Crown or bridge anchor			
2097	Bridge Pontic per unit			
2111	Acrylic denture full U or L			X
2112	Acrylic denture partial U or L			X
2113	Acrylic denture full U and L			X
2115	Chrome Partial Upper			X
2116	Chrome Partial Lower			X
2117	Add tooth or clasp to denture			X
2119	Repair dentures			X
2123	Post and Core			
2131	Remove Crown			
2140	Oral cancer			X
2150	Hospital Care			X
PPE	Personal Protective Equipment			

Total Claimed Value	£
The total claimed should match the amount paid shown on your receipt which must be submitted next.	