



let's feel good

# Dental Plan Claim Form

## How to claim for routine treatment:

### To ensure your claim is settled promptly you must:

1. Ensure that all sections are completed in full - you must complete section 1 below and ask your dentist to complete sections 2 and 3.
2. Submit the claim form within 90 days of each individual treatment being completed. **Failure to do so will result in non-payment of your claim.**
3. Attach your original receipts as proof of payment for the NHS or private treatment detailed on the claim form. These receipts must state where and when the treatment was carried out. For private treatment costs for individual treatment provided must be included. For NHS treatment they must also provide the detail of the Band charged for the course of treatment, or as appropriate if you live in Northern Ireland or Scotland.

4. 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.

**5. Send your completed claim form to the following address:  
Boots Dental Plan, PO Box 6905 Basingstoke RG24 4TE**

6. If you wish to claim for the hospital cash benefit you will have to complete a different claim form.  
Please contact our customer service team on 0345 840 1111.  
The lines are open 9am – 5pm Monday – Friday.

**Your claim will NOT BE ELIGIBLE for settlement unless all of the above steps are completed**

## SECTION 1 Claimant details

Name of Claimant: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime Telephone Number (include STD code): \_\_\_\_\_ Email address: \_\_\_\_\_  
(we may need to contact you)

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2 Dentist details

Please advise date the patient registered with you: \_\_\_\_\_

On what date were the symptoms, leading to the treatment overleaf, first present? \_\_\_\_\_

Please advise the dates of ALL examinations in the last 12 months: \_\_\_\_\_

I confirm that the patient stated in Section 1 received dental treatment on the dates given to the value shown over. I also confirm that the treatment was clinically necessary to maintain their oral health and was not cosmetic.

Signature of Dentist: \_\_\_\_\_ Date: \_\_\_\_\_ Dentist Name: \_\_\_\_\_

Telephone Number (include STD code): \_\_\_\_\_

General Dental Council Registration Number: \_\_\_\_\_

Post Code of Practice: \_\_\_\_\_

Official Stamp or Practice Address

| SECTION 3 Private Treatment and NHS Scotland Dental Treatment |                   |                                 |                         |             |                                         |
|---------------------------------------------------------------|-------------------|---------------------------------|-------------------------|-------------|-----------------------------------------|
| Code                                                          | Date of treatment | Treatment                       | Number of teeth treated | Fee Charged | Tooth No (Highlighted fields mandatory) |
| 2010                                                          |                   | Examination                     |                         |             |                                         |
| 2012                                                          |                   | Extensive Examination           |                         |             |                                         |
| 2021                                                          |                   | X-rays small (each)             |                         |             |                                         |
| 2023                                                          |                   | Panoral x-ray                   |                         |             |                                         |
| 2030                                                          |                   | Scale and polish                |                         |             |                                         |
| 2051                                                          |                   | Dental filling 1 or 2 surface   |                         |             |                                         |
| 2052                                                          |                   | Dental filling 3 or 4 surface   |                         |             |                                         |
| 2091                                                          |                   | Crown or bridge anchor          |                         |             |                                         |
| 2080                                                          |                   | Inlay/Onlay/Veneer              |                         |             |                                         |
| 2097                                                          |                   | Bridge Pontic per unit          |                         |             |                                         |
| 2123                                                          |                   | Post and core                   |                         |             |                                         |
| 2096                                                          |                   | Re-cement crown, inlay          |                         |             |                                         |
| 2099                                                          |                   | Re-cement bridge                |                         |             |                                         |
| 2094                                                          |                   | Temporary crown (per unit)      |                         |             |                                         |
| 2131                                                          |                   | Remove crown                    |                         |             |                                         |
| 2061                                                          |                   | Root canal canine or incisor    |                         |             |                                         |
| 2062                                                          |                   | Root canal premolar             |                         |             |                                         |
| 2063                                                          |                   | Root canal molar                |                         |             |                                         |
| 2064                                                          |                   | Apisectomy                      |                         |             |                                         |
| 2070                                                          |                   | Extraction of tooth             |                         |             |                                         |
| 2072                                                          |                   | Surgical extraction             |                         |             |                                         |
| 2111                                                          |                   | Acrylic denture full U or L     |                         |             |                                         |
| 2112                                                          |                   | Acrylic denture partial         |                         |             |                                         |
| 2113                                                          |                   | Acrylic denture full U & L      |                         |             |                                         |
| 2116                                                          |                   | Chrome Denture U OR L           |                         |             |                                         |
| 2117                                                          |                   | Add tooth or clasp to denture   |                         |             |                                         |
| 2119                                                          |                   | Repair Dentures                 |                         |             |                                         |
| 2002                                                          |                   | Emergency dental treatment      |                         |             |                                         |
| 2078                                                          |                   | Infected socket treatment       |                         |             |                                         |
| 2050                                                          |                   | Pin retention for large filling |                         |             |                                         |
| 2076                                                          |                   | Dressings                       |                         |             |                                         |
| 2073                                                          |                   | Incise abscess                  |                         |             |                                         |
| 2140                                                          |                   | Oral Cancer                     |                         |             |                                         |
| <b>Total Treatment Fee</b>                                    |                   |                                 |                         | <b>£</b>    |                                         |

| NHS England & Wales Dental Treatment |                   |                |
|--------------------------------------|-------------------|----------------|
| Code                                 | Date of treatment | Patient Charge |
| 2200 Band 1                          |                   |                |
| 2201 Band 2                          |                   |                |
| 2202 Band 3                          |                   |                |
| 2203 Band 4                          |                   |                |
| <b>Total Band Fee</b>                |                   | <b>£</b>       |

## SECTION 5 Payment Details

You can receive payments for claim settlement direct to your chosen bank or building society account, helping to make settling your claim safer and more timely. This simply means that instead of posting a cheque to you we can automatically pay your claim by BACS (Bankers Automated Clearing Services). To benefit from BACS please fill in the below details. If you do not fill in your details correctly it may delay your payment.

Account Holder Name: \_\_\_\_\_ Bank/Building Society Name: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

As the main member under the scheme, I hereby authorise Denis UK Limited (on behalf of the insurer) to make payment to the bank account specified above.

Main member name: \_\_\_\_\_

Email address for remittance advice: \_\_\_\_\_

Main member signature: \_\_\_\_\_ Date: \_\_\_\_\_