

Accident & Emergency Dental Insurance Claim Form – 2016/2017



quality plan

your plan : our support

Please refer to the Policy wording for full details of cover and conditions

- Please complete ALL relevant sections on BOTH PAGES of this claim form in BLOCK CAPITALS.
- Attach all relevant receipts and signatures.
- Forward to : Quality Plan Ltd, Enterprise House, 2-4 Balloo Avenue, Bangor, Co Down, BT19 7QT
- Should you have any queries please call 02891 467720.
- Please note that the maximum limits do not represent the amount you should charge for treatment.

Policyholder Details (The Practice)

I have carried out (or verified) the completion of the treatment as detailed below (please ensure a receipt is attached)

Practice Name	Authorised Signature & Date
Dentists Name	Policy No. (if known):
Date of Treatment :	

Insured Person Details (The Patient)

I am a registered patient of the Dentist shown above understand that the Treatment as detailed below has been carried out and claim repayment of fees paid by me.

Patients Title	Mr/Mrs/Miss/Ms	Date of Birth
Patients Name		Date & Time of Incident
Patients Address (including Postcode)		Patients Signature & Date

Section 1 – Emergency Treatment Benefits (Worldwide)

Treatment must be away at least 65 kilometers from the Policyholders practice (and not undertaken by the Insured Person's registered Dentist), other than for Emergency Call out fees.

Please include a receipt from the practice administering Treatment showing a breakdown of the Treatment given and cost. In normal circumstances payment will be made to the Insured Person (Patient) unless you indicate otherwise (e.g. the practice needs paying)

Treatment Code	Treatment	Maximum Limit	Number of Units Received	Treatment Charge
2010	Examination & Report to include all necessary smoothing and polishing of teeth and treatment of sensitivity	£32 per incident		£
2020	Radiographic Examination	£24 per incident		£
2041	Fillings			
2042	Amalgam – small	£40 per tooth		£
2043	Amalgam – medium	£60 per tooth		£
2046	Amalgam – large	£75 per tooth		£
2047	Composite – small	£65 per tooth		£
2048	Composite – medium	£80 per tooth		£
	Composite – large	£95 per tooth		£
2069	Extractions Up to 2 teeth	£50 per tooth		£
2068	Root extirpation to include dressing and any associated treatment of acute infection 1 canal	£70 per tooth		£
2068	2 canals	£80 per tooth		£
2068	3 or more canals	£95 per tooth		£
2076	Treatment of acute infection (not associated with endodontic therapy) to include incising of abscesses and treating infected sockets	£25 per incident		£
2076	Investigation and dressing first tooth	£25		£
	per additional tooth	£10		£
2096	Re-dement crown or inlay	£26 per unit		£
2099	Re-cement bridge	£39 per unit		£
2094	Construction and fitting of Temporary Crown	£52 per unit		£
2094	Construction and fitting of Temporary Bridge	£105 per unit		£
2075	Arrest of abnormal haemorrhage including aftercare and associated suture removal	£35 per incident		£
2128	Removal of sutures placed by another practitioner	£22 per incident		£
2117	Adjustment to denture	£24 per incident		£
2119	Repair of denture	£41 per incident		£
2002	Any other emergency treatment not otherwise specified	£56 per incident		£
2119	Repair or adjustment of orthodontic appliance	£47 per incident		£
2003	Out of hours call out fees:			
	i. Weekdays: 6am to 8am and 6pm to 10pm	£160 per incident		
	ii. Weekends & National Bank Holidays: 6am to 10pm	£160 per incident		
	iii. Nights: 10pm to 6am	£160 per incident		
	iv. Domiciliary visits up to two visits per year	£160 per incident		
	v. Christmas Day	£160 per incident		
	vi. Boxing Day	£160 per incident		
	vii. New Years Eve after 6pm	£160 per incident		
	viii. New Years Day	£160 per incident		

Description of Treatment:

Location of Treatment:

Time & Date of Emergency Call-Out (if applicable):

Section 2 – Accident Treatment Benefits

For Treatment undertaken at the Policyholders practice. Refer any cases over £1,000 to Quality Plan Ltd prior to Treatment. In normal circumstances payment will be made to the Policyholder (Practice).

Treatment Code	Treatment	Maximum Limit	Number of Units Received	Treatment Charge
2010	Examination & Report to include all necessary smoothing and polishing of teeth and treatment of sensitivity	£38 per incident		£
2020	Radiographic Examination	£28 per incident		£
2092	Crown – porcelain jacket	£300 per unit		£
2092	Crown – ceramic bonded	£390 per unit		£
2093	Metal bonded porcelain crown	£345 per unit		£
2093 2097	Bonded metal/porcelain bridge	£300 per retainer £290 per pontic		£ £
2090	Full metal crown	£330 per unit		£
2090 2097	All metal bridge work	£300 per retainer £305 per pontic		£ £
2091	Zirconia crown	£425 per unit		£
2091	Zirconia bridge	£425 per unit		£
2098	Laboratory constructed adhesive bridge	£225 per retainer £235 per pontic		£
2086	Laboratory constructed adhesive facing / veneer	£320 per unit		£
2112	Permanent denture acrylic	£365 per denture		£
2115	Permanent denture metal	£480 per denture		£
2112	Temporary denture following tooth loss	£165 per incident		£
2094	Laboratory made temporary bridge following tooth loss	£105 up to 3 units £30 per additional unit		£ £
2061	Root canal treatment incisor	£165 per unit		£
2061	Root canal treatment canine	£165 per unit		£
2062	Root canal treatment premolar	£295 per unit		£
2063	Root canal treatment molar	£370 per unit		£
2002	Emergency & other treatment not specified	£460 per incident		£

Description of Accident / Injury :

Section 3 -- Hospital Benefit

Please enclose a hospital discharge form

In normal circumstances payment will be made to the Insured Person (Patient)

Description of Treatment:

Location of Hospital:

From (Date & Time):

To (Date & Time):

Section 4 – Oral Cancer Benefit

Please enclose the full diagnosis from the Specialist

In normal circumstances payment will be made to the Insured Person (Patient)

Diagnosis :

Location of Hospital / Specialist

Date of Diagnosis :

Data Protection Act (1998) – Use of your information

The data controllers involved in the administration of this Policy and claims will have access to the Insured Persons personal information as well as to information about the Insured Persons dental health which is regarded as Sensitive Personal Data. The data controllers are subject to the Data Protection Act of 1998 and take all precautions necessary to protect that data. Under the Act, data may be transferred between companies and outside of the EEC provided that the data controllers of companies named in the Policy abide by the provision of the Act. By agreeing to this dental cover the Insured Person also provide consent to the data controllers of companies named in this Policy to handle and store any such data as may be required to manage the benefits as laid out in this Policy.

This insurance Policy is underwritten by Lloyd's Syndicate No 2001 on behalf of Amlin Underwriting Limited, St Helen's, 1 Undershaft, London, EC3A 8ND, United Kingdom. Amlin Underwriting is listed on the Lloyd's Register of Underwriting Agents, reference number 01901D. Amlin Underwriting Limited is authorised and regulated by the UK Financial Conduct Authority.