DeCare Dental claim form

OFFICE USE ONLY

SECTION A - Policyholder and patient details

Dental policy number: ☐☐☐☐☐☐☐☐☐

Policyholder's name: .....

Policyholder's date of birth: D D M M Y Y

Policyholder's address: .....

.....

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.....

Patient's name: .....

Patient's date of birth: D D M M Y Y

Relationship to policyholder: .....

Mobile contact number: .....

(By providing your mobile number you agree to receive free SMS text updates on the status of this claim and your product benefits)

Email: .....

(By providing your email address, you agree to receive email updates in relation to the status of your claim and information in relation to existing dental products or services)

SECTION B - Your payment details

We will send your payments directly to your bank account. Please ensure that you complete your bank account details.

If incorrect or no account details are provided, payment will be issued by cheque.

IBAN:

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BIC: ☐☐☐☐☐☐☐☐☐☐☐

Bank name and address:

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SECTION C - Declaration

Please ensure that you sign and date the claim form.

I declare that the expenses and details submitted in this form were incurred by me and/or members covered under the dental policy. I declare that to the best of my knowledge, the information contained on this form is true in every respect. I consent to DeCare Dental's use of the information on this form for administration of my dental coverage. I understand that I am responsible for all costs of dental treatment.

Policyholder's/Member's signature (Legal guardian if under age 18):

X

(You must sign and date the claim form)

Date: D D M M Y Y

DATA PROTECTION NOTICE

DeCare Dental holds and uses personal data and sensitive personal data, such as medical information, for the purposes of providing and administering dental insurance products. We are registered as a data controller with the Office of the Data Protection Commissioner in accordance with the Data Protection Acts,1988 and 2003. In order to administer the dental insurance products which we provide, it is necessary for us to send your data outside of the EU, but such data will continue to be safe guarded in accordance with the standards and principles set out in the Data Protection Acts, 1988 and 2003. We may share your data with trusted third parties for the purpose of distributing policy documentation and other communications, such as letters, direct mail, emails etc. We may share your personal data and sensitive personal data with your dentist insofar as it is relevant to the processing of your claim. We may also share your personal data with our Bank for the purpose of processing the payment of your claim. We may share anonymised information with DeCare Dental Insurance Ireland Limited's parent company and other group companies for the purpose of efficient administration such as audit, systems development etc. We may share your personal data and sensitive personal data with our legal advisers and the appropriate authorities where necessary e.g. the Dental Council, An Garda Síochána and in relation to personal data with the Revenue Commissioners. If you have a query in relation to the data held about you or you wish to request a copy of the data held by DeCare about you, please write to the Data Manager, DeCare Dental Insurance Ireland Limited, IDA Business Park, Claremorris, Co. Mayo.

Checklist Don't Forget!

Please ensure the following is completed so we can assess your claim.

- ☐ Did you attach your dentist receipts? (please do not send laser/credit card slips)
- ☐ Did you make copies of your receipts for your own records? It is not our policy to return original receipts.
- ☐ Provide your bank account details
- ☐ Ensure you include all relevant treatment details required in section D
- ☐ Sign & date your claim form

PLEASE NOTE: If your dentist provides ALL of the required information in the receipt and you include this original receipt with your claim form, you **DO NOT NEED** to fill in Section D of the claim form.

Your claim must be submitted within 12 months of the date of completion of treatment. Claims submitted after this period can not be accepted and benefits will not be paid. We will issue a dental claim statement to you when your claim has been processed. This statement will provide a breakdown of payments made to you.

Get in touch

T: 1890 130 017 | 094 93 78608 | E: query@decaredental.ie | W: www.decaredental.ie

DeCare Dental

POST TO: Claims Department, DeCare Dental,
IDA Business Park, Claremorris, Co Mayo, F12 KD85

Attach your receipts here.

SECTION D - Treatment Details

Section D may list treatments that are not covered by your particular dental policy. Please refer to your Schedule of Benefits and Terms and Conditions Booklet for full details of your cover.

Please ask your Dentist for assistance in completing this section. Use tooth numbering system that is normally used by your dentist

Treatment	Date of Service	€ Fee	Treatment	Date of Service	€ Fee
Exam			Periapical x-ray		
Periodontal exam			Additional periapical x-ray		
Scale & polish			Bitewing x-rays		
Panoramic x-ray					

Treatment	Tooth Number Required	Date of Service	€ Fee
Perio scaling			
Perio maintenance			
Sealants			
White fillings e.g UR4 – DO / 46-MOD			
Silver fillings e.g UR4 – DO / 46-MOD			
Porcelain crown			
Repair crown			
Stainless steel crown			
Root canal treatment			
Pulpotomy			
Extractions			
Bridge			
Implant crown			
Emergency treatment e.g LR6, fractured, pain			

Dentures	Date of Service	€ Fee	Dentures	Date of Service	€ Fee
Chrome upper ☐ lower ☐			Full upper denture		
Acrylic upper ☐ lower ☐			Full lower denture		

MISCELLANEOUS ITEMS: Please state treatment(s) and tooth number(s).	Date of Service	€ Fee

SECTION E - Your dentist details

Please fill in the name and address of the dentist you attended and have your dentist sign the claim form, and enter their dental council registration number.

Dentist's name: .....

Dental practice address: .....

Dental council registration number: .....

Dentist's telephone number: .....

Dentist's signature: X

For claim or benefit queries, contact the DeCare Dental customer support team on **1890 130 017** or **094 93 78608**.

August 2016