



Optical Claim form

- 1 Fill in your personal details below.
- 2 Ask your optician or the receptionist to complete the back of this form and attach a receipt for the full cost of treatment. If you're unable to have the reverse page completed at the opticians, please obtain an itemised receipt and attach it to your claim form.
- 3 Submit your claim to us by **email, online or post** using the details below:
email: **opticalclaims@unum.co.uk**
online: **www.unum.co.uk/optical**
post: **Unum Dental, Milton Court, Dorking, Surrey RH4 3LZ**
tel: **020 7488 9880** (calls may be recorded for training and monitoring purposes)

Please note:
Claims must be submitted within 90 days of completion of your last treatment in any course.

Reimbursement will be made according to your benefit schedule.

We can only process claim forms that are accompanied by full proof of payment.

You complete this section

Mr Mrs Miss Dr Other:	Date of birth:
Full name:	
Home address:	
Postcode:	
Name of employer:	
Membership number (if known):	
Patient details (if different from above):	
Mr Mrs Miss Dr Other:	Date of birth:
Full name:	

Declaration - to be signed by patient (or by member if patient is under 18 years of age)

I declare that the information provided on this form is, to the best of my knowledge, true and complete and authorise Unum Dental to obtain any information relating to this claim from my optician. I confirm that I give consent within the provisions of the Data Protection Act 1998 for Unum Dental or it's agent to process my personal data, including medical information, for the purposes of administering the optical plan.

Telephone number:

Signed:

Date:

If you wish to receive payment by cheque, please tick here:

☐

If you wish to receive payment by BACS, please tick here:

☐

then complete the details below

Account name:

Account number

Sort code:

Roll number (if applicable)

Email address for remittance advice:

Your Optician completes this page

Optician: Please complete all sections of this form to fulfil claim process and validate with a stamp.

Date of examination:

Prescription details (to be written in negative cylinders only)

	Sph	Cyl	Axis	Prism	Base	Vision	Sph	Cyl	Axis	Prism	Base	
Right						Distance						Left
Right						Near						Left

Charges

Eye examination/contact lense examination			£
Contact lenses		Prescription (please also tick box)	Same <input type="checkbox"/> Changed <input type="checkbox"/>
Soft			£
Rigid			£
Spectacles		Prescription (please also tick box)	Same <input type="checkbox"/> Changed <input type="checkbox"/>
Distance		Frames: £	Lenses: £
Near		Frames: £	Lenses: £
Varifocal/Bifocal		Frames: £	Lenses: £

Corporate voucher used: Eye test £ _____ Frames: £ _____ Lenses: £ _____

Optician's stamp (Required for processing)

Telephone:

Date:

unum.co.uk/dental

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