

Claim form

NDP

National
Dental
Plan

Part of Capita plc

You complete this page

Simply fill in your personal details below and ask your dentist or receptionist to complete and stamp the reverse. Attach a receipt for the full cost of treatment. Alternatively; you may attach an itemised receipt to your claim form which includes all of the requested information on the reverse of the form. *Please note that we can only process claim forms that are accompanied by full proof of payment.*

Finally, post or scan your completed claim form and receipt(s) to Claims Assistance (UK) Ltd, Ibex House, Minorities, London EC3N 1DY or email claim@nationaldental.co.uk 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 in accordance with your benefit schedule.

Mr Mrs Miss Dr Other: Date of birth: / /

Full name:

Home address (including postcode):

Name of employer:

NDP 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 NDP to obtain any information relating to this claim from my dentist. I confirm that I give consent within the provisions of the Data Protection Act 1998 for NDP or its agent to process my personal data, including medical information, for the purposes of administering the dental plan.

Telephone number:

Date:

Signature:

PAYMENT

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

If you wish to receive payment by BACS, please tick here then complete details below.

Account name: Account number:

Sort code: Roll number (if applicable):

Email address for remittance advice:

Your Dentist completes this page

Tel number:

Is the treatment as a result of an accident/sports injury? Yes / No

Treatment (Charged individually)	Date of treatment	Units of treatment	Charge	For internal use only
NHS TREATMENT CHARGED BY BAND				
NHS Band 1			£	
NHS Band 2			£	
NHS Band 3			£	
Emergency treatment			£	
Preventative treatment	EXAMINATIONS*			
	Basic examination		£	
	Extensive examination		£	
	Full case/New patient assessment		£	
	X-RAYS*			
	Small x-ray		£	
	Medium x-ray		£	
	Panoral x-ray		£	
	SCALINGS*			
	Simple scaling		£	
Hygienist		£		
Minor treatment	FILLINGS			
	Silver filling – 1 surface		£	
	Silver filling – 2 surfaces		£	
	Silver filling – 3 surfaces or more		£	
	White filling – 1 surface		£	
	White filling – 2 surfaces		£	
	White filling – 3 surfaces or more		£	
	Pin for filling		£	
	ROOT TREATMENTS			
	Incisor/Canine – No. of roots treated: <input type="text"/>		£	
	Premolar – No. of roots treated: <input type="text"/>		£	
	Molar – No. of roots treated: <input type="text"/>		£	
	Apicectomy		£	
	EXTRACTIONS			
	Extraction		£	
Surgical extraction		£		
Major treatment	VENEERS AND INLAYS			
	Veneer <small>(Prior approval required before treatment if more than 1 per policy year)</small>		£	
	Inlay		£	
	CROWNS, BRIDGES AND IMPLANTS			
	Crown		£	
	Post for crown		£	
	Conventional bridge*		£	
	Adhesive bridge*		£	
	Re-fix, re-cement crown or bridge		£	
	Implant*		£	
	DENTURES			
	Acrylic upper or lower denture		£	
	Acrylic upper and lower denture		£	
	Chrome upper or lower denture		£	
	Chrome upper and lower denture		£	
Repair or reline denture		£		
MISCELLANEOUS				
Anaesthetic*			£	
Orthodontics (children only)*			£	
Mouthguard (including sports guards)			£	
Emergency charges*			£	
Overnight hospital stay*			£	
Other treatments (please specify):			£	
TOTAL CHARGE			£	

Dentist's stamp
(Required for processing)

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*Restrictions apply. Please refer to your full benefit schedule for your plan specific entitlements.