



Dental Plan

Claim form for NHS Treatment

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 2 months of your course of treatment being completed. **Failure to do so will result in non-payment of your claim.**
3. Attach full receipts as proof of payment for the treatment detailed on the claim form, indicating where NHS treatment has occurred. Attach your original receipts as proof of payment for the treatment detailed on the claim form. These receipts must state where and when the NHS treatment was carried out as well as 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 120, Cwmbran, NP44 9BE
6. If you wish to claim for accidental treatment or the hospital cash benefit you will have to complete a different claim form. Please contact our customer service team on **0845 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 NHS 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: _____

Official Stamp or Practice Address

Section 3 Treatment details

The benefits provided for the treatments listed below will only be provided where they are offered under the NHS regulation, e.g. white fillings and white crowns are only provided for the 'smile line' and not the back teeth.

Band	Treatment	No. of Units	Date treatment identified	Date of treatment		Fee Charged
				Start date	End date	
Band 1. (Up to £16.20) – Unlimited claims per year Annual Maximums apply	All types of examinations					
	Small medium large x-rays					
	Lateral head plate x-rays					
	Study casts					
	Colour photographs					
	Simple scaling					
	Stoning smoothing					
	Sensitive cementum detine treatment					
	Removal of fractured crowns					
	Preparation of tooth for over denture					
	Acute condition treatment					
Band 2. (Inclusive of Band 1) (Up to £44.60) – Unlimited claims per year Annual Maximums apply	Chronic periodontal care					
	Fillings					
	Root canal treatments					
	Extractions and removals					
	Dentures – adjustments and additions					
	Dental appliances					
	Repairs to dentures and appliances					
	Amalgam fillings (1 to 3 surfaces)					
	Composite filling					
	Restoration (1 to 2 incisal angles)					
	Restoration (1 to 2 incisal edge)					
	Glass ionomer					
	Pin or screw retention					
	Replacement of temporary bridge					
All other temporary bridges						
Band 3. (Inclusive of Band 1 and 2) (Up to £198.00) – 2 claims per year Annual Maximums apply	Porcelain veneers					
	Non-Porcelain Veneers					
	Inlays (1 – 3 surface cavities)					
	Crown – precious metal					
	Crown – porcelain jacket					
	Core and post					
	Pin screw retention					
	Bridgework					
	Dentures – Acrylic – Partial					
	Dentures – Acrylic – Full					
	Dentures – Acrylic – Full Upper/Lower					
	Dentures – Chrome Partial					
	Dentures in Resin					
	Obturator					
Impressions						
Occasional and Emergency Treatment (Up to £16.20) Unlimited claims per year Annual Maximums apply	Temporary bridge or crown					
	Re-fix repairs to inlays, crowns and bridges					
	Dressings					
	Incision of abscess					
	Treatment of infected sockets					
	Removal of crown fracture					
	Domiciliary and emergency visits					
Other treatments (please list with relevant NHS code) Annual Maximums apply						

Total Band fee charged: £