Dental insurance
Claim form

Before you begin

Please check your Membership Guide to understand what you're covered for. The guide includes full details, including the amount you and anyone covered on your policy can claim up to in each policy year.

When claiming for **preventative dental treatment** (such as, check-ups, scale and polish, and x-rays), you'll need to send your invoice or receipt from your dentist with your claim.

When claiming for any other type of dental treatment, please read section 1 of your Membership Guide for a full list of what you'll need to send us.

If we need to contact you about your claim

We may contact you by text, email, or phone to send updates or ask questions about your claim. If you don't want us to do this, please tick this box. ☐

Online

The easiest way to submit your claim is online by visiting **bupa.co.uk/dental/dental-insurance/make-claim**

Post

Fill in the form and send it, along with a copy of your receipts, to: **Bupa Dental Insurance, Bupa Place, 102 The Quays, Salford M50 3SP**

Call

If you have any questions, please call us on **0800 237 777** between 8am and 6pm Monday to Friday and 8am and 1pm on Saturdays.

We may record or monitor our calls.

About the person claiming

Bupa membership number ☐☐☐☐☐☐☐☐☐☐	
Title *(please tick or list title if other)* Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐	
First name(s)	Surname
Date of birth D D M M Y Y Y Y	
Address	
	Postcode
Phone number	Mobile number
Email address	

Claimant Declaration

Before sending us your claim form please check the policy terms and conditions in your Membership Guide. In order to detect, prevent and help with the prosecution of financial crime, we may share information with fraud prevention or law enforcement agencies, and other organisations. If we suspect fraudulent activity, we may inform the person or organisation who administers or funds your Bupa services. Please note that we are not responsible for the costs of obtaining documentation in support of the claim.

☐ I consent that Bupa may contact my dentist to obtain clinical records that can be used to support this claim.

☐ I declare that the information contained within this claim is true and correct to the best of my knowledge and belief.

☐ I hereby authorise Bupa to direct payment to the bank account specified.

☐ I have not withheld any relevant information from Bupa within my knowledge connected with this claim.

By submitting this claim, you're confirming the content is true and accurate.

Date D D M M Y Y Y Y

Payment details

Account holder name

Bank or building society

Sort code ☐☐ - ☐☐ - ☐☐

Account number ☐☐☐☐☐☐☐☐

If you don't give your bank account details, we'll send a cheque to the main policyholder instead.

About your dentist

Is your dentist part of the Bupa Dental Insurance Network? Yes ☐ No ☐ Don't know ☐

Dentist's phone number

Dentist's name

Dental practice name

Address

Postcode

About your dental treatment

Please tick the box against the type of treatment you had. Also include the date(s) you had the treatment and the treatment cost. You'll find this information on the invoice your dentist gave you.

Type of treatment	Private	NHS	Treatment date(s)	Cost of treatment
Routine examination				£
Virtual routine examination				£
New patient examination or specialist consultation (Note: Dental Choice only)				£
Small X-ray (bitewing)				£
Small X-ray (intra-oral)				£
Other X-rays (panoral or OPG)				£
Scale and polish (by your dentist or hygienist)				£
Filling				£
Fissure sealants				£
Topical fluoride solution				£
Simple extraction				£
Surgical extraction				£
Surgical Implant				£
Apicectomy				£
Root canal treatment				£

Dental treatment received (continued)

Type of treatment	Private	NHS	Treatment date(s)	Amount claimed
Inlay/onlay				£
Veneer				£
Crown				£
Bridge				£
Repair of bridge or crown				£
Post for crown				£
Periodontal treatment				£
Upper or lower denture (partial or full)				£
Repair or reline of a denture				£
Anaesthetist fees (sedation)				£
Mouthguards				£
			Total	**£**

Orthodontic treatment (Dental Plan and Dental Choice only)

You'll find more information about what is and isn't covered in section 3.4 (orthodontic treatment) of your Membership Guide.

When you send us your claim for orthodontic treatment, please make sure you've included the following:

Proof of your Index of Orthodontic Treatment Need (IOTN) scale from your dental professional Yes ☐ No ☐

The total cost of your treatment, including a payment schedule Yes ☐ No ☐

Amount claimed £

Injury and emergency dental treatment only

If you're claiming for a dental injury or emergency dental treatment, please give us full details of the cause, circumstance and the treatment you had (continue on another sheet if you need to).

Injury and emergency dental treatment only (continued)

Dental injury

Was the injury a result of participating in a physical contact sport?	Yes ☐	No ☐
If yes, were you wearing a mouthguard which was supplied and fitted by a dental professional?	Yes ☐	No ☐

Emergency dental treatment

Was the emergency dental treatment urgently required to relieve pain, because you couldn't eat or any acute dental condition which meant there was an immediate and serious threat to to your general health?	Yes ☐	No ☐
Was the emergency treatment pre-planned? Any treatment carried out at a follow-up appointment must be claimed from the Preventative and Restorative dental treatment benefit allowances according to your level of cover.	Yes ☐	No ☐

Date of injury or emergency D D M M Y Y Y Y **Amount paid £**

If you're taking legal action against another party in relation to your dental claim, we may contact your solicitor to ensure that any claims payments we make are included in your legal claim against the other party.

Hospital cash benefit claims only – this section needs to be completed by the hospital

Certificate of in-patient stay (i.e. overnight stay in hosptial)
Only complete this section if the patient has received dental treatment as an in-patient.

Reason for hospital admission	Hospital stamp

Admission date D D M M Y Y Y Y

Discharge date D D M M Y Y Y Y

Is the patient still an in-patient? Yes ☐ No ☐ Date D D M M Y Y Y Y

Privacy notice

Our privacy notice explains how we take care of your personal information and how we use it to provide your cover.
A brief version of the notice can be found in your Membership Guide or the full version is online at **bupa.co.uk/privacy**