Accident & Emergency Dental Cover Claim Form

- Please refer to the Policy wording for full details of cover and conditions.
- Please complete ALL relevant sections on BOTH PAGES of this claim form in BLOCK CAPITALS
- Ensure this form is signed and all relevant receipts are attached
- Forward to: Lloyd & Whyte Ltd, Affinity House, Bindon Road, Taunton, Somerset, TA2 6AA
- Should you have any queries please ring Lloyd & Whyte Ltd on 01823 250700

Lloyd & Whyte Use Only
Client Code:

Data Protection Act (1998) - Use of your information

Information you supply may be used for the purposes of insurance administration by the insurer its association companies and agents, by re-insurers and your intermediary. It may be disclosed to regulatory bodies for the purpose of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research, statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing claims made the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters or investigators. With limited exceptions and on payment of the appropriate fee, you have the right access and if necessary rectify information held about you. In order to assess the terms of the insurance contract or administer claims which may arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this claim you will signify your consent to such information being processed by the insurer or their agents.

Policyholder Details (The Practice)

I have carried out (or verified) the completion of the treatment as detailed below (please ensure a receipt is attached).

Practice Name	Patient Reference No. (if known)
Dentist's Name	Date of Treatment DD MM YYYY
Signature	Date Signed DD MM YYYY

Insured Person Details (The Patient)

I am a registered patient of the Dentist shown above and understand that the Treatment as detailed below has been carried out and claim repayment of fees paid by me (or to the practice directly) as indicated below.

Patient Title (circle as appropriate) Mr / Mrs / Miss / Ms / Other (please state)	Date of Birth DD MM YYYY
Patient Name	Date of Incident DD MM YYYY
Patient Address Postcode	Patient Signature Date Signed DD MM YYYY

Section 1 - Emergency Treatment Benefit

We will pay for Emergency Treatment up to the maximum value of £200 per incident, related to Treatment within the UK or £400 for Treatments received outside of the UK provided that such Treatment is received by the Insured Person during the Period of Cover. An excess of £15 is applicable to each and every incident. Treatments will be covered where the Insured Person requires Treatment away from their Registered Practice (after making all reasonable efforts to attend their Registered Practice), or at their Registered Practice outside of their published opening hours. All charges must be reasonable, fair, clinically necessary and in line with the normal published treatment charges of the dental practice.

Description of Treatment Cost of Treatment (prior to deduction of £15 excess) £ .	Location of Treatment Time & Date of Emergency Call-out (if applicable) Payable to: (Please tick as appropriate) ☐ Practice ☐ Patient

Reason why patient couldn't attend Registered Practice during published opening hours: (To be completed by the Registered Practice)

Section 2 - Treatment Following Accident

A £15 excess shall apply to each and every claim (please indicate full cost of Treatment prior to deduction of Excess). Treatment must have been undertaken at the Practice. Refer any cases over £400 to Lloyd & Whyte Ltd prior to Treatment. In normal circumstances payment will be made to the Practice.

Treatment received (please tick)	Maximum limit	Cost
☐ Porcelain Jacket Crown	£350 per unit	£ .
☐ Ceramic bonded crown	£420 per unit	£ .
☐ Metal bonded porcelain crown	£475 per unit	£ .
☐ Bonded metal/porcelain bridge	£420 per retainer £275 per pontic	£ . £ .
☐ Full metal crown	£385 per unit	£ .
☐ All metal bridge work	£325 per retainer £295 per pontic	£ . £ .
☐ Laboratory constructed adhesive bridge	£220 per retainer £215 per pontic	£ . £ .
☐ Laboratory constructed adhesive facing / veneer	£350 per unit	£ .
☐ Permanent denture acrylic	£410 per denture	£ .
☐ Permanent denture metal	£600 per denture	£ .
☐ Temporary denture following tooth loss	£180 per incident	£ .
☐ Laboratory made temporary bridge following tooth loss	£145 up to 3 units Additional units £30	£ . £ .
☐ Emergency & other treatment following dental injury not otherwise specified	£420 per incident	£ .
☐ Root canal treatment incisor	£210 per incisor	£ .
☐ Root canal treatment canine	£210 per canine	£ .
☐ Root canal treatment premolar	£250 per premolar	£ .
☐ Root canal treatment molar	£365 per molar	£ .
☐ Implant	£1,500 per tooth	£ .

Description of Accident or Injury

Section 3 - Hospital Benefit

Please enclose a hospital discharge form. In normal circumstances payment will be made to the Patient.

Description of Treatment

Location of Hospital / Specialist

From (Date & Time)

DD MM YYYY HH : MM

To (Date & Time)

DD MM YYYY HH : MM

Section 4 - Oral Cancer Benefit

Please enclose the full diagnosis from the Specialist. In normal circumstances payment will be made to the Patient.

Diagnosis

Location of Hospital / Specialist

Date of Diagnosis

DD MM YYYY

Section 5 - Permanent Facial Disfigurement

Please enclose the full diagnosis from the Specialist. In normal circumstances payment will be made to the Patient.

Diagnosis (please tick)	Amount Payable
☐ Scarring up to 5 cms long in total length	£55
☐ Scarring more than 5 cms but less than 8 cms in total length	£110
☐ Scarring 8 cms or more in total length	£550

Location of Hospital / Specialist

Date of Diagnosis

DD MM YYYY

Calls may be recorded for use in quality management, training and customer support.