

Dental claim form

Here to help
0800 206 1781

8am to 8pm, Monday to Friday
9am to 5pm, Saturday and bank holidays

1 Membership details

Lead member's
full name

Membership number

Plan start date

D	D	M	M	Y	Y	Y	Y
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2 Patient's details

Patient's full name
*If different from lead
member's name above*

Date of birth

D	D	M	M	Y	Y	Y	Y
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Email address

Address

 Postcode

Phone number

3 About the treatment you're claiming for

Proof of treatment costs and payment

Please send both of the following as confirmation of your treatment costs and payment to the dentist:

- an **itemised** invoice from your dentist showing the treatment you've had, the date of the treatment and the cost; and
- a till receipt from your dentist for the treatment you're claiming for.



We cannot assess your claim without this proof.

Reason for treatment

Was the treatment the result of an emergency?

- No
- Yes – date of first emergency appointment

D	D	M	M	Y	Y	Y	Y
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Was the treatment the result of an accident or injury?

- No
- Yes – date of accident or injury

D	D	M	M	Y	Y	Y	Y
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Details of the accident or injury and the patient's symptoms

Was the accident or injury caused by another person?

- No
- Yes

Overseas treatment

Was the treatment carried out overseas?

- No
- Yes – name of travel insurer, if any

Other insurance

Are there any other insurance policies in place that would cover this claim?

- No
- Yes – insurer's details

Name

Phone number

Hospital cash benefit

Do you want to claim Hospital cash benefit?

- No
- Yes – please send us a letter from the hospital confirming the dates of your stay

Date admitted to hospital

D	D	M	M	Y	Y	Y	Y
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Reason for stay

4 Dental history

Has the patient claimed under this plan before?

- Yes – please go to section 5.
- No – please complete the rest of section 4.

Did the patient have a routine check up with a dentist in the 12 months immediately before they joined this plan?

- No – this means that your plan doesn't cover dental treatment prescribed at the patient's first dental appointment after your plan started.
- Yes – please give details of the dentist that carried out the routine check up in the section below and ask your dentist to sign to confirm this.

Dentist's confirmation of routine check up

> Dentist to sign or stamp this section.

- If this was a previous dentist and you're not able to get their signature, please give their contact details below and tick here. We'll get in touch with the dentist to ask them to check their records.

Dentist's name

Surgery address

Plan start date

D	D	M	M	Y	Y	Y	Y
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Dentist's confirmation

- I confirm that I carried out a routine check up on the patient named in section 2 in the 12 months immediately before the plan start date given in section 1.

Dentist's signature or stamp

> Dentist to sign or stamp here

5 Declaration and consent

> *Make sure that you read and understand the 'About your information and medical reports' section at the end of this form before you sign.*

I wish to claim benefit and I declare that all the information I have given on this form is correct to the best of my knowledge.

I consent to AXA PPP healthcare:

- a) requesting medical and health information from the patient's healthcare practitioner, dentist and/or hospital.
- b) the healthcare practitioner, dentist, and/or hospital providing that health information in reports, or by copies of my health records and medical information, to AXA PPP healthcare.
- c) the healthcare practitioner, dentist and/or hospital involved in the patient's care. reviewing medical information and discharge arrangements with AXA PPP healthcare for the following reasons: (Please tick yes or no for each of the following)
 - to assess and subsequently review my claim and apply policy terms/exclusions*
 Yes No
 - to audit healthcare practitioner and hospital records to review their performance and ensure that AXA is being billed correctly
 Yes No

*if you tick no we may not be able to assess your claim.

> *If the patient is under 16, their parent or guardian must complete this section.*

Name

I am the patient I am the guardian or parent

Signature

Date

I wish to see any report from the medical practitioner, dentist, and/or hospital before it's sent to AXA PPP healthcare.

We may only keep full copies of information we get from your medical records for three months after we've reviewed your claim. We'll then delete them from our system. This means that if you later claim for a different medical condition, we may need to request them again.

Help us process your claim quickly

Have you:

- answered all questions?
- enclosed all receipts and the itemised invoice we have asked for?
- asked your dentist to sign your form if needed for your claim?
- signed your form?



Where to send your form

You can mail to

Claims Team
AXA PPP healthcare
PO Box 428
Tunbridge Wells
TN2 9ND

or upload at

axapphealthcare.co.uk/contact-us

or fax back to

0117 9726 100

Access to Medical Reports Act 1988

What is a medical report?

A medical report is a report from your medical practitioner giving us details of your current condition, the history of your condition, and any proposed treatment.

> Please keep this information in case you need to refer to it in the future.

It's important that you understand your rights under the Access to Medical Reports Act 1988 before you agree to us requesting a report from the dentist or medical practitioner or hospital treating you.

Other medical reports

If we ask for a medical report:

- You don't have to give your consent. If you don't give consent, we may not be able to process your claim.
- We will write to you to tell you the date we requested it.
- You can see the report before it is sent to us. If you want to do this, you must contact the dentist or medical practitioner within 21 days of the date of our request. Please tick the box in section 5.
If you tick no but then change your mind, you can contact your dentist or medical practitioner and ask to see the report. You have 21 days from the date of your initial request to see it.
- If you disagree with the information in the report, you can ask the medical practitioner to change it. If the medical practitioner does not agree with you, they will ask you to write a statement to go with the report that is sent to us.
- You can ask the dentist or medical practitioner to see the report at any time within six months of the medical practitioner sending it to us.
- Your medical practitioner may charge you for a copy of the report. This charge is not covered by your plan.
- Your dentist or medical practitioner does not have to show you parts of the report if they think it could cause harm to your physical or mental health, or if it shows future plans for your care that the dentist or medical practitioner doesn't want you to see.
- If the report includes information about someone else, the dentist or medical practitioner will not show you that part of the report.

These rights do not relate to reports from practitioners who are not treating you and who we might ask for an opinion.

Preventing and detecting crime, and auditing records

We may audit the medical records of medical practitioners and hospitals to:

- prevent and detect crime, particularly fraud;
- review the performance of specialists;
- ensure that we are being correctly billed for their services.

Audits may be part of a programme or in response to a specific event.

Sharing information

We may need to share information with third parties, including medical experts, other insurers, the NHS Counter Fraud Security Management Service and the General Dental Council.

In certain circumstances, we are required by law to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crimes. This may involve adding non-medical information to databases that can be viewed by other insurers and law enforcement agencies. We are required to tell the General Medical Council, or other relevant regulatory body, about any issue where we have reason to doubt a medical provider's fitness to practise.

About your information and medical reports continued

Data Protection

- We'll handle your personal data in accordance with the Data Protection Legislation.
- You are entitled to see information we hold about you.
- You can write to us to ask for a copy of any personal information about you in any independent reports we request.
- If you would like a copy of a medical report that your medical practitioner has sent to us, it will be quickest if you contact them direct because we will have to get their permission to release it to you.
- We process claims outside the European Economic Area.
- If any medical records we receive show that a medical condition should have been declared on your plan application, we may change the terms of your plan/scheme.
- For our full Privacy Policy please see axapphealthcare.co.uk/privacynotice.

