| HAMPSHIRE POLICE FEDERATION A&E DENTAL PLAN | CLAIM FORM 1 DECEMBER 2015 TO 30 NOVEMBER 2016 |
|---|---|

| SECTION A: INSURED DETAILS | | | | |
|---|---|---|---|---|
| Name of Insured | | | Member Number | |
| Name of patient | | | Employee number | |
| Date of birth of patient | | | Date of claim | |
| Insured Address | | | | |
| Insured contact details | Mobile | | Main member signature | |
| | Email | | | |

| SECTION B: DENTIST DETAILS AND STAMP | | |
|---|---|---|
| Dentist Name | | Practice Stamp |
| GDC number | | |
| Authorised signature | | |

| PLEASE SELECT WITH AN X THE DESCRIPTION MOST CLOSELY MATCHING YOUR REASON FOR SEEKING TREATMENT | |
|---|---|
| I fell and hit my teeth against a hard object breaking one or more of them | |
| I chewed on a hard object and broke a tooth | |
| I had toothache and had to seek emergency treatment | |
| I had an infection of the gum | |
| I was hit by a hard object and one or more teeth were broken | |
| A filling or crown fell out | |
| My denture broke while eating | |
| Other: (A reason for treatment must be entered if none of the above are applicable) | |

| DATE OF INCIDENT | | DATE OF TREATMENT | |
|---|---|---|---|

| TREATMENT DETAILS | | | |
|---|---|---|---|
| Code | Treatment | Tooth Number | Fee |
| 2049 | Filling, temporary or permanent | | |
| 2068 | Emergency root canal | | |
| 2069 | Extraction | | |
| 2073 | Incise abscess | | |
| 2094 | Temporary crown | | |
| 2096 | Re-cement crown or bridge | | |
| 2203 | NHS Band 4 | | |

**How to Claim**

Benefits are remitted according to your policy definitions
Please attach the dental invoice and receipt to this page and mail to:
Denis UK Limited, PO Box 6833, Basingstoke, Hampshire, RG24 4PR
E-mail: claims@denisglobal.com
Call Centre 0800 633 5037
Website: www.denisglobal.com