HAMPSHIRE POLICE FEDERATION A&E DENTAL PLAN	CLAIM FORM 1 DECEMBER 2014 TO 30 NOVEMBER 2015

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 6809, Basingstoke, Hampshire, RG24 4NH
E-mail: claims@denisglobal.com
Call Centre 0800 633 5037
Website: www.denisglobal.com