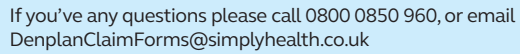


## Denplan Dental Emergency and Injury Cover/Denplan Emergency – Benefit E



Please be aware that dental records may be required to support your claim.

To be completed by the patient (or parent/guardian of a patient under 16 years)

☐ No ☐

Yes ☐ No ☐

If the dental practice are unavailable to complete this section, please add in as much information as you know

[illegible]

## Claim for overseas emergency temporary dental treatment

To be completed by the patient (or parent/ guardian of a patient under 16 years)

What was the date and time of your eligible treatment/consultation?

Time

:

AM

PM

How much are you claiming for overseas temporary emergency dental treatment?

£

Please attach the relevant itemised receipts for eligible treatment together with an itemised list of treatment (if available) to this form.

Do you require reimbursement for overseas telephone costs to the Denplan Helpline? Yes ☐ No ☐

Amount

£

Number of calls

What was the purpose of your overseas stay? ☐ Holiday ☐ Business ☐ Other

How many weeks of the year are you away from the UK?

Are you covered for this treatment by your travel insurance? Yes ☐ No ☐

If 'Yes' please give details of your travel insurance company below:

Company name

Address

Policy number

Company phone number

Postcode

## Payment details

Dentist or patient to complete. Please tick the box to indicate your preferred method of payment

Please ensure that you complete this section fully. We may return the claim form to you if this not completed.

☐ Direct payment into the bank account we debit your monthly subscription from

Or

☐ Cheque payable to

## Patient's declaration

To be completed by the patient (or parent/guardian of a patient under 16 years)

I confirm that I am the patient (patient's parent or guardian if under 16 years of age) and I declare that all the information provided on this form is true and complete. I hereby authorise any dentist or person who has examined me/the patient to provide Denplan Limited, or its representatives, with any information concerning the above matters to support this claim. I understand that Denplan Limited, on behalf of the Insurers, reserves the right to appoint an examiner or make such other enquiries as it considers appropriate before agreeing any claim.

Patient (parent/guardian) name

Patient (parent/guardian) signature

Date