



Claim form

- 1 Fill in your personal details below.
- 2 Ask your dentist or the receptionist to complete the back of this form and attach a receipt for the full cost of treatment. If you're unable to have the reverse page completed at the dentist, please obtain an itemised receipt and attach it to your claim form.
- 3 Submit your claim to us by **email, online or post** using the details below:
 email: **dentalclaims@unum.co.uk**
 online: **www.unum.co.uk/dental/members**
 post: **Unum Dental, Milton Court, Dorking, Surrey RH4 3LZ**
 tel: **020 7488 9880** (calls may be recorded for training and monitoring purposes)

Please note:
 Claims must be submitted within 90 days of completion of your last treatment in any course.

Reimbursement will be made according to your benefit schedule.

We can only process claim forms that are accompanied by full proof of payment.

You complete this section

Mr Mrs Miss Dr Other:	Date of birth:
Full name:	
Home address:	
Postcode:	
Telephone number:	
Name of employer:	
Membership number (if known):	
Patient details (if different from above):	
Mr Mrs Miss Dr Other:	Date of birth:
Full name:	

Declaration - to be signed by patient (or by member if patient is under 18 years of age)

I declare that the information provided on this form is, to the best of my knowledge, true and complete and authorise Unum Dental to obtain any information relating to this claim from my dentist. I confirm that I give consent within the provisions of the Data Protection Act 1998 for Unum Dental and/or its agents to process my personal data, including medical information, for the purposes of administering the dental plan.

Date: Signed:

If you wish to receive payment by cheque, please tick here:	<input type="checkbox"/>
If you wish to receive payment by BACS, please tick here:	<input type="checkbox"/> then complete the details below
Account name:	Account number:
Sort code:	Roll number (if applicable):
Email address for remittance advice:	

Your Dentist completes this page

Telephone number:

Is the treatment as a result of an accident/sports injury?

Yes ☐ No ☐

Treatments (charged individually)		Date of treatment	Units of treatment	Charge
NHS treatment charged by band	NHS Band 1			£
	NHS Band 2			£
	NHS Band 3			£
	Emergency treatment			£
Examinations*	Basic examination			£
	Extensive examination			£
	Full case/new patient assessment			£
X-rays*	Small X-ray			£
	Medium X-ray			£
	Panoral X-ray			£
Scalings*	Simple scaling			£
	Hygienist			£
Fillings	Silver filling - 1 surface			£
	Silver filling - 2 surfaces			£
	Silver filling - 3 surfaces or more			£
	White filling - 1 surface			£
	White filling - 2 surfaces			£
	White filling - 3 surfaces or more			£
	Pin for filling			£
Root treatments	Incisor/Canine - No. of roots treated: <input type="text"/>			£
	Premolar - No. of roots treated: <input type="text"/>			£
	Molar - No. of roots treated: <input type="text"/>			£
	Apicectomy			£
Extractions	Extraction			£
	Surgical extraction			£
Veneers and inlays	Veneer			£
	Inlay			£
Crowns, bridges and implants	Crown			£
	Post for crown			£
	Conventional bridge			£
	Adhesive bridge			£
	Re-fix, re-cement crown or bridge			£
	Implant			£
Dentures	Acrylic upper or lower denture			£
	Acrylic upper and lower denture			£
	Chrome upper or lower denture			£
	Chrome upper and lower denture			£
	Repair or reline denture			£
Miscellaneous	Anaesthetic			£
	Orthodontics (children only)			£
	Mouthguard (including sports guards)			£
	Emergency charges			£
	Overnight hospital stay*			£
	Other treatments (please specify):			£
			Total charge:	£

* Restrictions apply. Please refer to your full benefit schedule for your plan specific entitlements

** Prior approval required before treatment if more than 1 per policy year

Dentist's stamp

(required for processing)

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