







Fill in your personal details below.

- 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 post, email or online using the details below: post: Unum Dental, Ibex House, Minories, London EC3N 1DY

email: dentalclaims@unum.co.uk online: www.unum.co.uk/dental

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

You complete this section

Mr Mrs Miss Dr Other:	Date of birth:				
Full name:					
Home address:					
	Postcode:				
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.					
Telephone number:	Signed:				
Date:					
If you wish to receive payment by cheque, please	tick here:				
If you wish to receive payment by BACS, please tie	ck here: 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

		dent/sports inju	· y ·		
Treatments (charged individually)		Date of treatment	Units of treatment	Charge	(For internal use only)
NHS treatment	NHS Band 1			£	
charged by band	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			£	
Fillings	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:			£	
	Premolar - No. of roots treated:			£	
	Molar - No. of roots treated:			£	
	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 [®]			£	
Dopturor	Acrylic upper or lower denture			£	
Dentures	Acrylic upper and lower denture			£	
	Chrome upper or lower denture			£	
	Chrome upper and lower dentate			£	
	Repair or reline denture			£	
	Anaesthetic			£	
Miscellaneous	Orthodontics (children only)*			£	
	Mouthguard (including sports guards)			£	
	Emergency charges [®] Overnight hospital stay [®]			£	
				£	
	Other treatments (please specify):	Tatal	sharaa	£	
		Iotal	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)

unum.co.uk/dental

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