

# Denplan Claim form



Denplan

Member of the Global Group

OFFICE USE ONLY

Any questions? Call: 0800 838 951 or Email: [corporate@denplan.co.uk](mailto:corporate@denplan.co.uk)  
Lines are open 8.00am to 5.30pm Monday to Thursday and 8.00am to 4.30pm Friday. Calls may be recorded.

## PLEASE READ BEFORE COMPLETING THE CLAIM FORM

- All claim forms should be submitted within 30 days of receiving your course of treatment.
- You must obtain proof of treatment from your dentist, showing a breakdown of treatment costs, and attach it to this claim form.
- Incomplete claim forms, or claim forms without your proof of treatment attached, will be returned.
- Complete a new claim form for each course of treatment.
- The claim form must be signed.
- Only one patient per claim form.
- All payments are made by cheque in £ sterling, usually within 10 working days.
- Please refer to your policy handbook for full details of your benefit entitlements.

Please quote your scheme name whenever you call or write to Denplan

Scheme name: Gloucestershire Police Federation

The trustees of the Gloucestershire Police Federation Insurance Trust authorise members to initiate a claim directly with Denplan and to receive any payment or benefit from Denplan subject to standard terms and conditions. This authority does not extend to bringing legal proceedings against the insurer in your own name or the name of the trustees. Any complaints must be addressed through the trustees who are the owners of the policy. Details of the complaints procedure are available in the Gloucestershire Police Federation Insurance Trust Scheme Benefits Booklet.

The trustees will validate each and every claim. If a claim is made and you do not subscribe to the Gloucestershire Police Federation Insurance Trust, your claim will not be paid and you will be liable for all costs.



## A Patient details

Title:	First name:	Surname:
Address:		
		Post Code:
Daytime telephone number:		Email address:
Date of birth:		

## B Treating dentist's details

To be completed by the patient

Treating dentist's name:	
Treating dentist's address:	
Postcode:	Telephone number:



## C NHS treatment details

To be completed by the patient

Accident and emergency treatment:	Date:	Cost:
All other NHS treatment:	Date:	Cost:



## D Private treatment details To be completed by the patient

### Hygiene/preventive treatment:

Date:	Cost:
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### Dental x-ray:

Date:	Cost:
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Date:	Cost:
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### Remedial & restorative treatment:

#### Filling:

Date:	Cost:
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#### Filling:

Date:	Cost:
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#### Root treatment:

Date:	Cost:
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#### Inlay:

Date:	Cost:
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#### Crown:

Date:	Cost:
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#### Bridge:

Date:	Cost:
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#### Denture:

Date:	Cost:
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#### Extraction:

Date:	Cost:
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#### Surgical gum treatment:

Date:	Cost:
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#### Other:

Date:	Cost:
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<b>Total:</b>	Cost:
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Once you have completed this form please post it to:

**Denplan Corporate  
Denplan Court  
Victoria Road  
Winchester  
SO23 7RG**



## E Private accident/emergency treatment details

Date of incident:	Date of treatment:
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How did the incident occur?
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Details of treatment:
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	Cost:
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Was the treatment overseas?  Yes  No

### Call out fees

Date of call out:	Time of call out:	Cost:
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### Hospital cash benefit

Date of admission:	Date of discharge:
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### Oral Cancer cover

Date of diagnosis:	Date treatment completed:
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<b>Total:</b>	Cost:
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### Declaration

I declare that I am entitled to benefits under this policy.

I wish to make a claim on my policy and declare that all the particulars given above are, to the best of my knowledge, true and correct. I confirm that I consents to Denplan processing the particulars on this form and in any medical reports or health records that may be requested.

**Data Protection Act** - you will see this sign where we ask you to give personal information.

To set up and administer your policy we will hold and use information about you, and any family members covered by your policy, supplied by you or those family members and by medical providers. We may send it in confidence for processing to other companies in the AXA group (or companies acting on our instructions) including those located outside the European Economic Area.

Patients signature:

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Date:
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Telephone calls may be recorded for security, regulatory and training reasons as well as monitored under our quality control procedures.