

# Accident & Emergency Dental Cover Claim Form

- Please refer to the policy wording for full details of cover and conditions
- Please complete **ALL** relevant sections on **BOTH PAGES** of this claim form in **BLOCK CAPITALS**
- Ensure this form is signed and all relevant receipts are attached
- Forward to: **Lloyd & Whyte Ltd, Affinity House, Bindon Road, Taunton, Somerset, TA2 6AA** or scan and email the form to **claims@lloydwhyte.com**
- Should you have any queries please ring **Lloyd & Whyte Ltd** on **01823 250540**

Lloyd & Whyte Use Only  
Client Code:

## Privacy & Data Protection

The data controller in relation to any personal data you supply is AmTrust Europe Ltd.

**How we use your personal data/who we share it with:** We may use the personal data we hold about you for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal terms, research or statistical purposes and to provide you with information, products or services that you request from us or which we feel may interest you. We will also use your data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

**Sensitive personal data:** Some of the personal information, such as information relating to health or criminal convictions, may be required by us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in our notice.

**Disclosure of your personal data:** We may disclose Your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external auditors and accountants, regulatory authorities, and as may be required by law.

**International transfers of data:** We may transfer Your personal data to destinations outside the European Economic Area ("EEA"). Where We transfer Your personal data outside of the EEA, We will ensure that it is treated securely and in accordance with the Legislation.

Please visit [www.amtrusteurope.com](http://www.amtrusteurope.com) for further privacy notice information and full contact details of the Data Protection Officer.

## Policyholder Details (The Practice)

I have carried out (or verified) the completion of the Treatment as detailed below (please ensure a receipt is attached).

Practice Name	Patient Reference No. (if known)
Dentist's Name	Date of Treatment DD MM YYYY
Signature	Date Signed DD MM YYYY

## Plan Member Details (The Patient)

I am a registered patient of the Dentist shown above and understand that the Treatment as detailed below has been carried out and claim repayment of fees paid by me (or to the practice directly) as indicated below.

Patient Title (circle as appropriate) Mr / Mrs / Miss / Ms / Other (please state)	Date of Birth DD MM YYYY
Patient Name	Date of Incident DD MM YYYY
Patient Address	Patient Signature
Postcode	Date Signed DD MM YYYY
Email	

## Patient / Practice BACS Payment Details

Bank Name & Address	Payable to: (Please tick as appropriate) <input type="checkbox"/> Practice <input type="checkbox"/> Patient
	Bank Account No
	Sort Code

## Section 1 - Emergency Treatment Benefit

Description and reason for emergency Treatment (required)	Location of Treatment
Cost of Treatment (prior to deduction of £15 excess) £ .	Time & Date of Emergency Call-out (if applicable)

Reason why patient couldn't attend Registered Practice during published opening hours: (To be completed by the Registered Practice)
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## Section 2 - Treatment Following Accident

Code	Treatment received (please tick)	Tooth Number(s)	Maximum limit	Cost	Description of Accident or Injury
2092	<input type="checkbox"/> Porcelain jacket crown		£430 per crown	£ .	
2091	<input type="checkbox"/> Ceramic bonded crown		£480 per crown	£ .	
2010	<input type="checkbox"/> Examination and report to include all necessary smoothing, polishing and vitality testing		£50 per incident	£ .	
2020	<input type="checkbox"/> X-rays		£40 per incident	£ .	
2123	<input type="checkbox"/> Post/core construction		£110 per tooth	£ .	
2091	<input type="checkbox"/> Zirconia crown		£540 per unit	£ .	
2097	<input type="checkbox"/> Zirconia bridge unit		£540 per unit	£ .	
2093	<input type="checkbox"/> Metal bonded porcelain crown		£475 per unit	£ .	
2102	<input type="checkbox"/> Bonded metal/porcelain bridge work		£470 per retainer £435 per pontic	£ . £ .	
2090	<input type="checkbox"/> Full metal crown		£450 per unit	£ .	
2103	<input type="checkbox"/> All metal bridge work		£470 per retainer £435 per pontic	£ . £ .	
2098	<input type="checkbox"/> Laboratory constructed adhesive bridge		£275 per retainer £300 per pontic	£ . £ .	
2083	<input type="checkbox"/> Laboratory constructed adhesive facing or veneer		£445 per unit	£ .	
2112	<input type="checkbox"/> (i) Permanent denture acrylic		£500 per denture	£ .	
2116	<input type="checkbox"/> (ii) Permanent denture metal		£775 per denture	£ .	
2170	<input type="checkbox"/> Temporary denture following tooth loss where required		£305 per incident	£ .	
2094	<input type="checkbox"/> (i) Laboratory made temporary bridge following tooth loss (where required)		£185 Up to 3 units	£ .	
2094	<input type="checkbox"/> (ii) Additional units		£60 per unit	£ .	
2001	<input type="checkbox"/> Emergency and other Treatment following dental injury not otherwise specified		£620 per incident	£ . £ .	
2061	<input type="checkbox"/> (i) Root canal Treatment incisor		£320 per incisor	£ .	
2061	<input type="checkbox"/> (ii) Root canal Treatment canine		£320 per canine	£ .	
2062	<input type="checkbox"/> (iii) Root canal Treatment premolar		£320 per premolar	£ .	
2063	<input type="checkbox"/> (iv) Root canal Treatment molar		£390 per molar	£ .	
2135	<input type="checkbox"/> Implant		£2100 per tooth	£ .	

## Section 3 - Hospital Benefit

Please enclose a hospital discharge form. In normal circumstances payment will be made to the Patient.

Description of accident or event that resulted in dental trauma	From (Date & Time)			
	DD	MM	YYYY	HH : MM
Location of Hospital / Specialist	To (Date & Time)			
	DD	MM	YYYY	HH : MM

## Section 4 - Oral Cancer Benefit

Please enclose the full diagnosis from the Specialist. In normal circumstances payment will be made to the Patient.

Diagnosis	Location of Hospital / Specialist		
	Date of Diagnosis	DD	MM

## Section 5 - Permanent Facial Disfigurement

Please enclose the full diagnosis from the Specialist. In normal circumstances payment will be made to the Patient.

Diagnosis (please tick)	Amount Payable	Location of Hospital / Specialist		
<input type="checkbox"/> Scarring up to 5 cms long in total length	£55			
<input type="checkbox"/> Scarring more than 5 cms but less than 8 cms in total length	£110			
<input type="checkbox"/> Scarring 8 cms or more in total length	£550			
		Date of Diagnosis		
		DD	MM	YYYY