



A&E 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 7265 7111 (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.

All about you	
Mr Mrs Miss Dr Other:	Date of birth:
Full name:	Telephone number:
Home address:	Postcode:
Name of employer:	
Membership/policy number (if known):	

Accident details (if applicable)	
Date:	What damage did you notice?
Time:	
Description of accident:	Are you covered by any other insurance relative to this incident? If yes please provide details

Please be aware that dental records and further information relating to your accident may be required to support your claim.

Payment	
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:	

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

I declare that the information provided 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 applicable data protection legislation for Unum Dental and/or its agents to process my personal data, including medical information, for the purposes of administering the dental plan.

Signed:

Date:

Your Dentist completes this page

Telephone number:

Is the treatment as a result of an accident/sports injury? Yes No

If yes, was the appropriate mouth protection worn? Yes No

Treatments (charged individually)		Date of treatment	Units of treatment	Charge
Emergency	Examination			£
	Stoning/Smoothing			£
	X-ray(s)			£
Root treatment	Incisor/Canine			£
	Pre-molar			£
	Molar			£
	Extraction			£
Crown and Bridge	Temporary crown			£
	Temporary bridge			£
	Repair to crown or bridge			£
Denture	Upper			£
	Lower			£
	Upper & Lower			£
	Addition to denture			£
	Repair to denture			£
Miscellaneous	Dressings			£
	Overnight hospital stay			£
	Prescription charge			£
	Other (please specify):			£
		Total charge:		

Telephone consultation Details, inc. date and time:

Total charge: £

Emergency call out Details, inc. date and time:

Total charge: £

Dentist's stamp
(required for processing)

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