

Optical Claim form



- 1** Fill in your personal details below.
- 2** Ask your optician 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 opticians, 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: opticalclaims@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 :	
Patient details :	
Mr Mrs Miss Dr Other:	Date of birth:
Full name:	

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 optician. 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 optical plan.

Signed:

Date:

Your Optician completes this page

Optician: Please complete all sections of this form to fulfil claim process and validate with a stamp.

Date of examination:

Prescription details (to be written in negative cylinders only)

	Sph	Cyl	Axis	Prism	Base	Vision	Sph	Cyl	Axis	Prism	Base	
Right						Dis- tance						Left
Right						Near						Left

Charges

Eye examination/contact lense examination	£
Contact lenses	Prescription (please also tick box) Same <input type="checkbox"/> Changed <input type="checkbox"/>
Soft	£
Rigid	£
Spectacles	Prescription (please also tick box) Same <input type="checkbox"/> Changed <input type="checkbox"/>
Distance	Frames: £ Lenses: £
Near	Frames: £ Lenses: £
Varifocal/Bifocal	Frames: £ Lenses: £

Corporate voucher used: Eye test £ _____ Frames: £ _____ Lenses: £ _____

Optician's stamp (Required for processing)

Telephone:

Date:

unum.co.uk/dental

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