

DeCare Dental Claim Form

For claim or benefit queries, contact the DeCare Dental customer support team on 1890 130 017.

Section E may list treatments that are not covered by your particular dental policy. Please refer to your Schedule of Benefits and Terms and Conditions Booklet that you received when joining for full details of covered services. You may also download the Terms and Conditions Booklet from www.decaredental.ie

Incomplete and illegible claim forms can not be processed so will be returned. This includes bank account details. For your claim to be processed, it must be accompanied by an itemised receipt from your dental surgery. Please do not submit laser or credit card slips, or invoices with your claim form. We can only accept an itemised receipt from your dental surgery. Please retain a copy of your receipts as original receipts will not be returned.

Your claim must be submitted within 12 months of the date of completion of treatment. Claims submitted after this period can not be accepted and benefits will not be paid. We will issue an Explanation of Benefits statement to you when your claim has been processed. This statement will provide a breakdown of payments made to you.

Checklist Don't Forget!

- Sign & date your claim form
- Include itemised receipts from your dentist
- Provide your bank account details
- Ensure you include all relevant treatment details required in section E

Ask your dentist for assistance in providing the following required information:

- Date and detail of each treatment
- Fee for each item of treatment
- The tooth number is required for fillings, extractions, crowns, onlays, inlays, root treatments, dentures, bridges and implant crowns
- For fillings, the tooth surfaces are required, e.g. MOD mesial occlusal distal
- For gum treatment, the mouth quadrant is required, e.g. upper left quadrant
- For a crown, inlay or onlay, the diagnosis or reason why the crown was placed is required
- For dentures, bridges and implant crowns, the extraction date for the tooth or teeth that are being replaced is required

PLEASE NOTE: If your dentist provides ALL of the required information above in the receipt and you include this original receipt with your claim form, you **DO NOT NEED** to fill in Section E of the claim form.

DeCare Dental Insurance Ireland Limited trading as DeCare Dental and DentalCover.ie is regulated by the Central Bank of Ireland.

Get in touch

T: 1890 130 017 | E: query@decaredental.ie | W: www.decaredental.ie

DeCare Dental claim form

SECTION A - Policyholder and patient details

Dental policy number:

Patient's name:

Policyholder's name:

Patient's date of birth:

Policyholder's date of birth:

Relationship to policyholder:

Policyholder's address:

Email:

Mobile contact number:

(By providing your mobile number you agree to receive free SMS text updates on the status of this claim and your product benefits)

(By providing your email address, you agree to receive email updates in relation to the status of your claim and information in relation to existing dental products or services)

SECTION B - Your payment details

We will send your payments directly to your bank account. Please ensure that you complete your bank account details.

IBAN:

Bank name and address:

.....
.....

BIC:

SECTION C - Your dentist details

Dentist's name:

Dentist's signature:

.....

X

Dental council registration number:

Dental practice stamp:

.....

Dental practice address:

.....
.....

Dentist's telephone number:

SECTION D - Declaration

I declare that the expenses and details submitted in this form were incurred by me and/or members covered under the dental policy. I declare that to the best of my knowledge, the information contained on this form is true in every respect. I consent to DeCare Dental's use of the information on this form for administration of my dental coverage. I understand that I am responsible for all costs of dental treatment.

Policyholder's/Member's signature (Legal guardian if under age 18):

X

(You must sign and date the claim form)

Date:

DATA PROTECTION NOTICE

DeCare Dental holds and uses personal data and sensitive personal data, such as medical information, for the purposes of providing and administering dental insurance products. We are registered as a data controller with the Office of the Data Protection Commissioner in accordance with the Data Protection Acts, 1988 and 2003. In order to administer the dental insurance products which we provide, it is necessary for us to send your data outside of the EU, but such data will continue to be safe guarded in accordance with the standards and principles set out in the Data Protection Acts, 1988 and 2003. We may share your personal data and sensitive personal data with your dentist insofar as it is relevant to the processing of your claim. We may also share your personal data with our Bank for the purpose of processing the payment of your claim. We may share anonymised information with DeCare Dental Insurance Ireland Limited's parent company and other group companies for the purpose of efficient administration such as audit, systems development etc. We may share your personal data and sensitive personal data with our legal advisers and the appropriate authorities where necessary e.g. the Dental Council, An Garda Síochána and in relation to personal data with the Revenue Commissioners. If you have a query in relation to the data held about you or you wish to request a copy of the data held by DeCare about you, please write to the Data Manager, DeCare Dental Insurance Ireland Limited, IDA Business Park, Claremorris, Co. Mayo.

SECTION E - Treatment details

Please ask your Dentist for assistance in completing this section.
Use tooth numbering system that is normally used by your dentist.

You do not need to complete this section if your dentist provides ALL of the required information below in the receipt and you include this original receipt with your claim form.

Treatment	Date of Service	€ Fee	Treatment	Date of Service	€ Fee
Exam			Periapical x-ray		
Periodontal exam			Additional periapical x-ray		
Scale & polish			Bitewing x-rays		
Panoramic x-ray					

Treatment	Tooth Number Required	Date of Service	€ Fee
Perio scaling			
Perio maintenance			
Sealants			
White fillings (Tooth surfaces required)			
Silver fillings (Tooth surfaces required)			
Porcelain crown			
Repair crown			
Stainless steel crown			
Root canal treatment			
Pulpotomy			
Extractions			
Bridge			
Implant crown			
Emergency treatment (Provide tooth number and description)			

Treatment	Date of Service	€ Fee	Treatment	Date of Service	€ Fee
Metal partial upper denture			Full upper denture		
Metal partial lower denture			Full lower denture		

MISCELLANEOUS ITEMS: Please state treatment(s) and tooth number(s).	Date of Service	€ Fee