

# Global Dental Accident and Emergency Scheme

## Request for Assistance Form for Emergency Call Out

The Global Dental Accident and Emergency Scheme is a wholly discretionary scheme, not an insured scheme. It is funded by your dental practice to pay benefits at the sole and absolute discretion of the Scheme administrators. Dental plan patients are eligible to request assistance from the Scheme in the event of an emergency call out. The Scheme responds to such requests on a wholly discretionary basis. This means that, whilst the Scheme aims to provide benefits in most cases, the Scheme has no obligation to provide any benefit unless the Scheme administrators decide that the Scheme should provide a benefit.

This Request for Assistance Form should be completed to request assistance under section 2 (Emergency Call Out) of the Scheme Rules. If your Request for Assistance falls under another section of the Global Dental Accident and Emergency Scheme, please complete the specific Request for Assistance Form accordingly, available from your registered dental practice, or at [www.globaldentalscheme.co.uk](http://www.globaldentalscheme.co.uk)

### How to complete and submit your Request for Assistance Form

Please complete all sections and write clearly in **BLOCK CAPITALS** using black or blue ink. Please provide as much information as possible to ensure your Request for Assistance is processed efficiently and promptly.

This form should be sent to the Scheme Manager at Global Dental Scheme Limited within 30 days of the emergency. Costs or fixed benefits will be reimbursed up to the limits shown in the Scheme Rules. Any amount which exceeds the specified limit must be paid directly by you to the treating dentist.

Reference to the Scheme Rules will assist you in completing this form. If you have any questions regarding making a Request for Assistance please contact your dental practice, or call the Request for Assistance helpline on 0333 3580 499.

Please return scans of completed Request for Assistance Forms and supporting documentation by email to: [assist@globaldentalscheme.co.uk](mailto:assist@globaldentalscheme.co.uk)

Alternatively, please post hard copies to: Global Dental Scheme Limited, 16 Daresbury Court, Evenwood Close, Runcorn, Cheshire WA7 1LZ

### Patient Details

Full name

Date of birth

Address

Postcode

Telephone number(s)

Email address

### Your Registered Practice Details

Dentist name

Practice

Practice address

Postcode

Telephone number

### Treating Dentist's Details (if different to the above)

Dentist name

Practice

Practice address

Postcode

Telephone number

Email address

## Emergency Appointment Details

Did the emergency occur outside of the UK?

*[Please tick]*

**YES**

**NO**

[If YES, please discard this Request for Assistance Form and complete the Emergency Treatment Away From Home Form]

What time did you contact the practice to arrange the appointment for the emergency?

Emergency appointment Date/Time

**YES**

**NO**

Was a call out fee charged?

*[Please tick]*

*If yes, please provide amount.*

**Amount (£)** \_\_\_\_\_

**YES**

**NO**

Was a telephone consultation provided?

*[Please tick]*

Please supply details of any treatment provided during the emergency appointment and associated costs:

Treatment	Request	Cost (£)
Examination and treatment of sensitivity (excluding any call out charges)		
X-ray examination		
Tooth extraction (maximum two teeth)		
Root extirpation, to include dressing and for temporary filling and treatment of infections		
Number of canals _____		
Treatments of infection, to include prescriptions		
Provision of a filling		
Number of fillings _____		
Re-secure crown or inlay		
Re-secure bridge		
Provision of temporary crown		
Provision of temporary bridge		
Provision of temporary post or core		
Treatment to stop haemorrhage		
Removal of sutures placed by another dentist		
Repair/adjustment of orthodontic appliance		
Adjustment to denture		
Repair of denture, to include re-fixing of teeth and gums and repair of clasp		
Other emergency dental treatment (please detail below)		

## Payment Details

**IMPORTANT** - Please note, irrespective of which party we are due to pay, we will require a copy invoice detailing any call out fee and treatment specifically associated with the emergency appointment. We will not make payment for the first £15 of the call out fee.

Payment should be made to:

- Patient (Payment will be transferred to your bank account from where regular plan fees are collected)
- Your registered practice (Payments will be transferred to the practice bank account that Patient Plan Direct Ltd has on record)
- Treating dentist at another practice (A cheque will be sent to the practice or a bank transfer will be sent whereby bank details have been provided)

Please indicate the name of the business to which the cheque should be made payable to, or bank details for a bank transfer:

## Using Your Personal Information

We collect and process information about you in order to process Requests for Assistance under the Scheme. This may involve sharing your information with, and obtaining information about you, from our group company Patient Plan Direct Ltd. For further information on how your information is used and your rights in relation to your information, please review our privacy policy available at [www.globaldentalscheme.co.uk](http://www.globaldentalscheme.co.uk)

## Consent and Declaration

### Please tick

I am the Patient (or guardian of the patient) that is Requesting Assistance

I am a member of the patients registered dental practice, submitting the Request for Assistance on behalf of the Patient (N.B. only the patient's registered practice can process a request)

I declare that (a) this form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of the Request for Assistance have been disclosed.

I hereby consent for the Scheme Manager of the Global Dental Accident and Emergency Scheme to:

- Be provided with relevant dental records from my/the patients registered dental practice and/or treating medical or dental practitioner in relation to assessing this Request for Assistance
- Contact and obtain information from Patient Plan Direct Ltd (a group company) in relation to my/the patients dental plan membership to process my Request for Assistance
- Contact the patient to validate and clarify any information detailed in this form (only when the Practice is submitting the Request for Assistance)
- Reclaim any benefits paid in error

Name

Signature

Date