

Global Dental Accident and Emergency Scheme

Request for Assistance Form for Dental Treatment Following an Accident

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 dental treatment following an accident. 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 3 (Dental Treatment Following an Accident) 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

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.

You must have sought treatment following an accident within 7 days of the incident. This form should be sent to the Scheme Manager at Global Dental Scheme Limited within 30 days of the accident (60 days if the incident occurs overseas). 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. You must provide all necessary reports, receipts, and other documentation in support of the request when asked to do so.

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

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

IMPORTANT - You are not able to request more than £250 in total, unless we have previously approved a treatment plan. If you are completing this form to obtain pre-authorisation for a treatment plan before any treatment commences, please tick here

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

Email address

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

Dentist name

Practice

Practice address

| | |
|------------------|--|
| Postcode | |
| Telephone number | |
| Email address | |

Accident Details

| | | |
|---|--------|------------|
| Date and time of accident | | |
| Where did the accident happen? | | |
| Please provide details of how the accident occurred and any injury incurred | | |
| Was a call out fee charged? | Yes/No | Amount (£) |
| Was a telephone consultation provided? | Yes/No | Amount (£) |

Please provide details of any treatment completed so far (please detail costs for each treatment and submit invoices for any treatments):

| Treatment | Request | Cost (£) |
|---|---------|----------|
| Examination and report to include necessary smoothing and polishing | | |
| X-ray examination | | |
| Root canal treatment - incisor or canine root canal treatment | | |
| Root canal treatment - premolar | | |
| Root canal treatment - molar | | |
| Crowns - post and core construction | | |
| Crowns - ceramic bonded (including any core and/or post interim covering) | | |
| Crowns - metal bonded porcelain (including any core and/or post including interim covering) | | |
| Crowns - full metal (including any core and/or post including interim covering) | | |
| Bridges - all metal (Retainer) | | |
| Bridges - all metal (Pontic) | | |
| Bridges - bonded metal/porcelain (Retainer) | | |
| Bridges - bonded metal/porcelain (Pontic) | | |
| Laboratory made temporary bridge following tooth loss | | |
| Dentures - permanent acrylic | | |
| Dentures - permanent metal | | |
| Dentures - temporary following tooth loss | | |
| Other necessary dental treatment (please detail below) | | |

| | | |
|--|-------------|-----------|
| Date treatment started and finished/finishes | Start date: | End date: |
|--|-------------|-----------|

Please provide details of any ongoing/further treatment that is required. **[Please submit a detailed treatment plan indicating expected costs for any treatment items.** If more space is required, please complete on a separate sheet and attach to this form]

Payment Details

IMPORTANT - Please note, irrespective of which party we are due to pay, we will require a copy invoice detailing any treatment as a result of the accident.

Payment should be made to:

- Patient (Payment will be transferred to your bank account from where regular plan fees are collected)
- Your registered practice (Payment 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, 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

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 patient's dental plan membership to process the 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