

Global Dental Accident and Emergency Scheme

Request for Assistance Form for Emergency Treatment Away From Home

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 emergency treatment away from home. 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 1 (Emergency Treatment Away From Home) 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.

This form should be sent to the Scheme Manager at Global Dental Scheme Limited within 30 days of the emergency (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 - Please note, we will require a copy of your payment receipt from the practice you visited, clearly outlining all charges for your appointment and any treatment.

We will not make payment if you visited a dental practice within a 25-mile radius of the dental practice with which you are registered. We will also not make payment where you have been outside the UK for more than 90 consecutive days.

Patient Details

Full name	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number(s)	<input type="text"/>
Email address	<input type="text"/>

Your Registered Practice Details

Dentist name	<input type="text"/>
Practice	<input type="text"/>
Practice address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>

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

Dentist name	<input type="text"/>
Practice	<input type="text"/>
Practice address	<input type="text"/>

Country	
Postcode/ZIP code/Area code	
Telephone number	
Email address	

Emergency Appointment Details

	YES	NO
Did the emergency occur outside of the UK? <i>[Please tick]</i>	<input type="checkbox"/>	<input type="checkbox"/>

Date left the UK?	Date left UK:	<input type="text"/>
	Date returned to the UK:	<input type="text"/>

Emergency appointment date and time	Date:	<input type="text"/>	Time:	<input type="text"/>
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Please supply details of any treatment provided during the emergency appointment and associated costs:

Treatment	Request	Cost (£)
Examination and treatment of sensitivity		
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

Payment will be transferred to your bank account from where regular plan fees are collected.

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

Patient Consent and Declaration

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 registered dental practice and/or treating medical or dental practitioner in relation to assessing my Request for Assistance
- Contact and obtain information from Patient Plan Direct Ltd (a group company) in relation to my dental plan membership to process my Request for Assistance
- Reclaim any benefits paid in error

Name

Signature

Date