

Dental Accident, Emergency and Out of Hours Insurance Claim Form

Part A - to be completed and signed by patient (or parent/guardian if child is under 18 years)

Patient's Name: Mr / Mrs / Miss		Address	
Town	Postcode	Telephone:	Date of Birth:
Name and address of your Dental Practice:			
Name of your Dentist:			
<i>Please complete either section 1 or 2 below and ensure all fields are completed</i>			
SECTION 1		DETAILS OF DENTAL ACCIDENT	
Date of Accident:	Time of Accident:	<input type="checkbox"/> am	<input type="checkbox"/> pm
Cause and Details of accidental damage (supply full details):			
Was a third party involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give contact details:			
SECTION 2		DETAILS OF EMERGENCY TREATMENT OR OUT OF HOURS ATTENDANCE	
Date of Incident:	Time of Incident:	<input type="checkbox"/> am	<input type="checkbox"/> pm
Cause and Details of emergency incident:			
Was treatment provided out of hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain why you were unable to attend during practice hours:			
Was treatment required from a dentist other than your own? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain why you were unable to attend your own dentist:			
I hereby declare that the statements on this claim form are in accordance with the insurance terms and conditions and are to the best of my knowledge true and accurate. I also give permission for my dentist to take a dental radiograph in order to provide evidence to support my claim.			
Patient's Signature:		Date:	

Part B - to be completed and signed by the attending dentist

Dentist's Name:	Practice Name:
Address:	
Telephone:	Isoplan Practice Ref:
<i>Please complete all parts of the claim form supplying as much information as possible to ensure claims are processed promptly.</i>	
Clinical Description of trauma or symptoms:	
Tooth Notation: Decay present <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition of tooth including vitality and previous restoration:	
Date of previous restoration:	
Proposed treatment:	Breakdown of total costs
Total	£
Is this a regular patient of the practice? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this an out of hours attendance <input type="checkbox"/> Yes <input type="checkbox"/> No	
I hereby declare that the statements on this claim are in accordance with the insurance terms and conditions and are to the best of my knowledge true and accurate.	
Dentist's Signature:	Date:

Part C - to be completed by the patient

Complete either option 1 or 2

1. Treatment has been completed	
Please ensure the following is enclosed: <input type="checkbox"/> Invoice for work carried out <input type="checkbox"/> Receipt/Proof of payment <input type="checkbox"/> Dental Radiograph(s)	
2. Treatment to be undertaken when claim is approved (accident only) <input type="checkbox"/>	
Please ensure the following is enclosed: <input type="checkbox"/> Dental Radiograph(s) Invoice and receipt must be forwarded when treatment has been completed	
Cheque to be made payable to:	

- Claims will not be processed until radiograph(s), invoice *and* proof of payment are received.
- If a claim is found to be fraudulent, Groupama reserves the right to take legal action.

Please complete and return the top two copies to: Isoplan, 112 Cornwall Street South, Glasgow G41 1AA Telephone: +44 (0)845 123 5228

Insurance Terms and Conditions

Frequently Asked Questions

Q.1 Are my teeth covered under the terms of this policy whatever state they may be in?

A. Teeth which are considered sound and natural will be covered by this policy. Sound and natural teeth are your own teeth including any restoration, e.g. filling, crown, veneer or bridge. Part of the natural tooth must form an integral part of the restoration. Teeth must otherwise be in good condition or have been adequately restored. Teeth, which are clearly in a poor state and liable to break or fall out, will not be covered. For example, previously loose teeth with clear evidence of bone loss.

Removable dentures are covered for damage as a result of Extra-Oral Trauma subject to the specified policy limits. This includes Emergency Treatment and Out of Hours cover. A crown, a bridge or similar false teeth attached to implants will also be covered. **Sports mouth guards, or removable orthodontic appliances or braces are not covered.**

Q.2 What does the Dental Accident, Emergency and Out of Hours Insurance cover?

A. Quite simply, it covers damage to your teeth caused by an accident and it also covers dental emergencies that arise out of normal surgery hours or when you are away from home. With the exception of a telephone consultation, which is provided as part of the Out of Hours cover for emergencies in the UK, claims are subject to a £25 excess. This means you will have to pay the first £25 of the total of any claim for any treatment other than a telephone consultation. Claims for overseas treatment are subject to a £50 excess.

Q.3 What is classed as an accident?

A. An accident is any sudden, unforeseen, violent, direct oral impact either externally (Extra-Oral) or internally (Intra-Oral) resulting in dental injury.

Q.4 What does the term Intra-oral mean?

A. Intra-oral means 'inside the mouth'. An intra-oral accident is one caused directly by biting on an unexpected foreign body in food. For example a stone in a sandwich or in a piece of fruit sold as pitted or de-stoned. Intra-oral does not cover you for damage sustained from eating foods which normally contain nuts, bones, stones or similar hard objects. For example muesli, lamb chops, granary bread. Such damage cannot be regarded as unforeseen. Similarly, damage resulting from biting on other hard foodstuffs such as pork crackling cannot be regarded as an unforeseen oral impact and would not be covered. No cover is provided for Intra-oral accidents that occur within the first 90 days of taking out the policy.

Q.5 What qualifies as a dental emergency?

A. A dental emergency is a dental condition which requires urgent treatment to relieve pain or discomfort. This includes toothache or Extra-Oral or Intra-Oral accidents.

Q.6 What does Emergency Dental Treatment cover?

A. It covers treatment detailed in Section 2, which is required as the result of a dental emergency. Any dentist may carry out the treatment, and you are covered when:

- you are at home and the emergency incident occurs out of normal surgery hours, where you cannot reasonably access your own surgery's emergency arrangements. (See Out of Hours Cover),
- you are away from home but within the UK and cannot reasonably visit your own dentist,
- you are overseas.

Q.7 What is Out of Hours Cover?

A. It covers a dental emergency, which occurs out of normal surgery hours and where:

- treatment could not reasonably be, or have been, given during normal surgery hours,
- you cannot reasonably access your own surgery's emergency arrangements. You may see any dentist, including your own, for emergency dental treatment which is covered up to the Policy Limits stated in Section 2 of the Fee Schedule and Cover Limits.

The difference between this and the cover for Emergency Dental Treatment is that you may claim the cost of a telephone consultation or a call out fee within the UK if it takes place out of hours.

No call out fee will be paid to a dentist during normal working hours or when the dentist is on leave. All dental surgeries are expected to have leave cover in place by arrangement with a colleague, either in the dentist's own premises or at a suitable alternative location.

Q.8 What happens if I am away from home and cannot access my dentist?

A. The Emergency Treatment and Out of Hours Cover applies in the following situations:

- Out of Hours**
Emergency dental treatment which arises out of normal surgery hours.
- Within the UK – but away from home**
Emergency dental treatment by any dentist when you are away from home but still within the UK – either during normal surgery hours or out of hours. You are covered up to the stated limits in the Fee Schedule and Cover Limits.

In addition if the emergency incident occurs out of normal surgery hours you may also claim either for a telephone consultation or a call out fee.

- Outside the UK**
Emergency dental treatment when you are overseas – either during normal surgery hours or out of hours. You may claim up to £340 per emergency incident for any temporary treatment required as a result of a dentalemergency, either during or out of normal surgery hours. Temporary treatment is regarded as the level of treatment necessary to make you comfortable until such time as you can visit your regular or alternative dentist. Receipts for any amounts paid for emergency treatment, provided by a dentist other than your own dentist, must be retained and attached to the claim form. To claim for emergency treatment, you must notify Isoplan within 10 days of the accident or emergency. You will be reimbursed for eligible emergency treatment once any permanent treatment is complete. (See 'How do I make a claim?').

Q.9 If I went to a dentist six weeks after any damage was sustained would I be covered?

- A. No, as the damage must be:
- apparent within 10 days of an accident and
 - notified to Isoplan within 10 days of the accident.
- You can notify us by a telephone call, letter, fax or e-mail. A telephone call must always be followed up by notification in writing.

Q.10 When do I have to start my treatment?

A. Treatment must be started within forty-five days of the accident. In certain circumstances this may not be possible, in which case Isoplan will consider each case on its merits.

Q.11 How do I make a claim?

A. Request a claim form either from your dentist or from Isoplan and complete this with as much information as possible. The completed claim form must be accompanied by a dental radiograph (x-ray), an invoice from the dentist for the work carried out and a receipt to show that you have paid for the work. All of these documents should then be sent to Isoplan Ltd, 112 Cornwall Street South, Glasgow G41 1AA. Isoplan will record the claim and then pass it to the insurance company, Groupama Insurance Company Ltd, and their insurance assessors will deal with the claim. Please make sure all parts of the form are completed with as much detail as possible otherwise this will result in a delay in the claim being processed.

Q.12 What should I do if I wish to complain about the insurance cover or the standard of service I receive from Isoplan?

A. You should write with details of your specific complaint to the Managing Director of Isoplan at the following address:
Isoplan Ltd, 112 Cornwall Street South, Glasgow G41 1AA.
If you are dissatisfied with the service you receive from Groupama Insurances you should follow the Customer Care section of the policy.

Insurance Terms and Conditions DENTAL ACCIDENT, EMERGENCY & OUT OF HOURS INSURANCE COVER

This Policy is evidence of a contract solely between the Insured Member and the Insurer. The Contracts (Rights of Third Parties) Act 1999 will not confer any additional rights under this policy in favour of any third party. All information supplied by the Insured Member or on the Insured Member's behalf is deemed to be incorporated into and will form the basis of the contract between the Insured Member and the Insurer. If the Insured Member agrees to pay the premium and any taxes due and the Insurer agrees to accept them, then the Insurer agrees to provide cover to the Insured Member in the terms set out in this Policy during the Insured Member's Cover Period.

On behalf of Groupama Insurance Company Limited

Pierre Lefèvre
Chairman and Chief Executive
Groupama Insurance Company Limited
Groupama House
24 – 26 Minorities
London
EC3N 1DE

THE COVER

In the event that an Insured Member incurs treatment costs as a direct result of:
i. Extra-Oral or Intra-Oral Accident or Emergency Treatment affecting their Sound and Natural Dentition or
ii. Extra-Oral Accident or Emergency affecting their Denture during the Insured Member's Cover Period the Insurer will provide compensation up to the Limits of Cover as specified in the Dental Accident and Emergency Fee Schedule and Cover Limits table subject otherwise to the policy conditions limitations and exclusions.

General Exclusions that apply to all Sections of this policy

The Insurer will not be liable for:

- Treatment required directly or indirectly as a result of:
 - Normal wear and tear – in the case of intra-oral trauma all prostheses, including implants, which are more than 5 years old.
 - Any pre-existing condition.
 - Any use of the dentition other than normal use.
 - Damage which is not apparent within 10 days of the accident.
 - Damage which has not been notified to Isoplan within 10 days of the date of the accident.
 - Treatment that is not started within 45 days from the date the dentist was first consulted.
 - Participation in boxing and rugby unless the Insured Member was wearing a custom made mouth guard.
 - Participation in sporting activities when the Insured Member fails to meet the prevailing safety standards as recommended by the sport's governing body, association or federation where applicable.
 - A breach of civil order or peace by the Insured Member actively taking part in a public disturbance.
 - Self-inflicted injuries.
2. Any claim in respect of any sports mouth guard or other removable appliance or removable orthodontic appliance or braces.

Section 1. Dental Accident and Injury

What is covered?

If you suffer a dental accident during the period of insurance we will compensate you for the cost of dental treatment by any dentist.

Subject to:

- The limits specified in the Fee Schedule and Cover Limits table.
 - The treatments being included in the Fee Schedule and Cover Limits table.
 - A maximum of £10,000 per Insured Member per annum.
- What is not covered?
- We will not pay for:
- The first £25 of each and every claim for dental accident within the UK.
 - The first £50 of each and every claim for dental accident outside the UK.
 - Damage to dentures unless they were being worn at the time of the dental accident.
 - Intra-oral trauma within the first 90 days of taking out the policy.

Special conditions

- Where treatment involves replacing a crown, bridge, facing or veneer the replacement will be like for like.
- Where dental implants are sought as an alternative to fixed bridgework an equivalent fixed bridgework fee will be paid towards the cost of the implant.
- Damage must be apparent within 10 days of the incident.
- Isoplan must be notified within 10 days of the incident.

Section 2. Emergency treatment and out of hours cover

What is covered?

We will compensate you for emergency treatment which is needed solely for immediate pain relief and which arises out of normal surgery hours or when you are away from home where:

- Treatment could not reasonably be, or have been, given during normal surgery hours.
 - You could not reasonably access your own surgery's emergency arrangements.
- Subject to:
- the limits specified in the Fee Schedule and Cover Limits table.
 - The treatments being included in the Fee Schedule and Cover Limits table.

What is not covered?

We will not pay for:

- The first £25 of each and every claim for emergency treatment within the UK with the exception of a telephone consultation.
 - The first £50 of each and every claim for emergency treatment outside the UK.
- Special Conditions:
- Isoplan must be notified within 10 days of the emergency incident.

Section 3. Hospitalisation

What is covered?

If you are admitted to a hospital as an in-patient as a direct consequence of a dental accident during the period of insurance, we will pay you £50 for each full 24 hour period you remain hospitalised.

Subject to:

- a maximum of 365 days.

Section 4. Permanent Facial Disfigurement

What is covered?

If you suffer permanent facial disfigurement as a result of a dental accident during the period of insurance we will pay you the appropriate benefit according to the severity of the scarring as follows:

- Scarring up to 5cm in total length £50
Scarring more than 5cm but less than 7.5cm in total length £100
Scarring more than 7.5cm in total length £500

Section 5. Oral Cancer

What is covered?

If you are diagnosed by an Expert Medical Specialist as suffering from oral cancer during the period of insurance we will pay you £2500 on diagnosis.

What is not covered?

We will not pay for:

- oral cancer which first manifests itself and/or is diagnosed within the first 90 days from the date you signed the Registration Form or for which investigations/diagnosis have been made prior to joining the Plan.
- Oral cancer directly or indirectly associated with HIV or any related sickness including AIDS and/or any mutant derivatives or variations thereof, however caused.
- Pre-malignant conditions, cancer in situ or other non-invasive conditions which are considered to have no potential for metastasis.
- Oral cancer attributable to the chewing of tobacco products and/or alcohol abuse.

Definitions under this section:

Oral cancer means a malignant tumour with its primary site being in the oral cavity which is characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

Oral cavity means the hard and soft palate, accessory, salivary, lymph and other gland tissue in the mucosal lining of the oral cavity and including the lips, tongue, major salivary gland, gums, floor of mouth, other and unspecified parts of the mouth, oropharynx, nasopharynx, other and ill-defined sites within the lip, oral cavity and pharynx but excluding the tonsils.

HOW TO MAKE A CLAIM

- Check that the cause of the claim is covered.
- Follow the Claims Procedure.
- Read the Claims Conditions.

CLAIMS PROCEDURE

- Request a claim form from Isoplan or the dental practice.
- Complete all necessary parts of the claim form with as much information as possible.
- The completed claim form must be accompanied by a dental radiograph (x-ray), an invoice from the dentist for the work carried out and a receipt to show that you have paid for the work.
- All of these documents should then be sent to Isoplan Ltd, 112 Cornwall Street South, Glasgow G41 1AA.
- Isoplan will record the claim and then pass it to the Insurer who will deal with the claim.

CLAIMS CONDITIONS

- Claims for Intra-Oral Accident must be apparent and a dentist consulted within 10 days of the accident.
- A completed claim form countersigned by the treating dentist must be sent to Isoplan as soon as reasonably possible following the dental accident or emergency treatment.
- Isoplan will require sight of dental radiographs (x-rays) for all Accident claims before approval of the relevant treatment.
- An Insured Member may not claim more than £175 in total unless the Insurer has previously approved a costed treatment plan.

CONDITIONS

Fraud

The Insurer will not pay any claim submitted by an Insured Member or any person acting on Insured Member's behalf if it is in any respect dishonest or fraudulent.

Arbitration

If any dispute arises between the Insurer and Insured Member over the amount payable it will be referred to an arbitrator jointly appointed by the Insured Member and Insurer in line with the law at the time. The decision of the arbitrator will be final and binding on both the Insured Member and Insurer and judgement of the award made by the arbitrator may be entered in any court that has jurisdiction. Whoever loses the arbitration will pay the costs of arbitration. If the decision is not totally in favour of either the Insured Member or Insurer, the arbitrator will decide who will pay the costs.

Jurisdiction

This contract will be governed by and construed in accordance with English law and will be subject to the jurisdiction of the English courts.

Reasonable Care

The Insured Member shall take all reasonable care to protect against Extra-oral and Intra-oral accidents.

CUSTOMER CARE POLICY

Isoplan Ltd and Groupama Insurances are committed to delivering the highest standards of customer care. However we realise that there may be times when things go wrong. In such circumstances please contact the Department where the issue arose by using the numbers and addresses detailed. Please quote your name, claim or policy number and the reason for your complaint.

Telephone calls may be recorded.

Claims Policy Administration and Documentation

Healthcare Claims Operations Manager	Isoplan Ltd
The Nexus Building	112 Cornwall Street South
Broadway	Glasgow
Letchworth Garden City	G41 1AA
Hertfordshire	
SG6 3TE	
Tel. 0870 850 0181	Tel: 0845 123 5228
Fax. 0870 444 8295	Fax: 0845 123 5229
e-mail: paclaims@groupama.co.uk	Email: info@isoplan.com

Our Commitment to You

We will make sure all the information we give you will be clear and accurate. We will always be fair and reasonable whenever you need the protection of this Policy. We will act promptly to provide the protection you need.

What goes wrong

Whilst we will make every effort to maintain the highest standards, we recognise that there may be some occasions when we fail to satisfy the particular requirements of our customers. We therefore have in place procedures to investigate and remedy any area of concern. In such circumstances we promise:

To acknowledge any formal complaint in 5 days or less.

To have the issues reviewed by a person of appropriate seniority and authority. To identify the person managing your complaint in our original letter of response.

To respond fully to your concern or complaint within a maximum of 28 days. If for any reason this is not possible, we will write to you promptly to explain why we have been unable to finalise the matter quickly. We will also let you know when we will contact you again.

If you still feel that we have been unable to resolve the matter to your satisfaction then please write to our Chairman and Chief Executive, at:

Groupama Insurances
Groupama House
24-26 Minorities
London
EC3N 1DE
Tel: 0870 850 8510
Fax: 020 7264 2860

Financial Ombudsman Service

If you are still unhappy following receipt of our final response, you can refer the dispute to the Financial Ombudsman Service who will review your case on an independent basis. The address is:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR
Tel: 0845 080 1800

(Please note that the Financial Ombudsman is only able to intervene in respect of personal policyholders or small businesses with a turnover of less than £1m.)

Financial Services Compensation Scheme

Groupama Insurance Company Limited is covered by the Financial Services Compensation Scheme (FSCS). This means that you may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim and would provide cover for 100% of the first £2000 and 90% of the remainder of the claim without any upper limit. Further information about compensation is available from the FSCS at www.fscs.org.uk or telephone 020 7892 7300.

If you take any of the action mentioned above, it will not affect your right to take legal action.

Data protection

You should understand that we will hold and process your sensitive health and other personal data for insurance administration purposes. To do this we may pass information to third parties and other insurers. This may involve passing information to other countries including those that have limited or no data protection laws. By effecting or renewing this Policy you give explicit consent to us holding and processing this data about you and you confirm that all the data you supply is accurate. Telephone calls may be recorded.