Dental claim form

Healthcare Deposit Account

Please read these notes carefully before completing this claim form. You can use this form to claim for fillings, extractions, bridges, dentures, crowns, inlays, implants and root canal treatment.

This form must be returned within three calendar months of your treatment.

Step 1: Check you're covered

- Please double check your claim is covered under the terms and conditions of your account:
  - Any claims within the first six months of joining are not covered.
  - Dental check-ups (unless they are part of the same bill as other covered dental treatments) cosmetic dental or periodontal treatments (including scale and polish and any other treatments for dental hygiene), whitening, diagnostic and prescription charges are not covered.
  - If you need a dental operation this may be covered under your medical allowance

  To check please call us on the phone number below.
- Check your level of cover and that you have enough in your personal deposit account to fund your share of the claim.

Step 2: Complete this form

- Once you have checked you are covered please complete this form and sign it.
- You should answer all questions on this form honestly and in full. **If you miss any information out or give us misleading information, it could delay the processing of your claim and even result in non-payment.**
- Please post this completed claim form with your original proof of payment directly to: National Friendly, 11-12 Queen Square, Bristol, BS1 4NT. We are unable to return any receipts, so you should take a copy of any records you wish to keep.
- This form must be returned within three calendar months of your treatment.

Step 3: Paying your claim

- Your payment will be paid by direct bank transfer (BACS). If you do not complete this part of the form this will delay your claim.
- We cannot reimburse you for any costs not covered by your policy.

Contact us

0333 014 6244 calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes. 8am-6pm weekdays. Calls are recorded for training and quality purposes.

info@nationalfriendly.co.uk **www.nationalfriendly.co.uk**

Healthcare Deposit Account
Dental claim form

To be completed by the claimant (or parent if the claimant is under16)

Claimant details

Title	First Name	Surname
Preferred contact telephone number		Reference Number
Healthcare Deposit Account number H C (please refer to your policy schedule)		
Name of main Account Holder		Reference Number

Reason for claim

Please give details of your dental treatment.

Filling	£
Extraction	£
Bridge	£
Denture	£
Crown	£
Inlays	£
Dental Implants	£
Root canal treatment	£

Please ensure you enclose an itemised breakdown or treatment plan from your dentist, together with proof of payment

Date of treatment d d m m y y y y

Other cover from insurers

Are you insured with anyone else? ☐ YES ☐ NO If YES, please confirm provider

Are you claiming from this provider as well? ☐ YES ☐ NO

Bank details for payment of benefit (this must be an account in your name)

☐ Pay into account from which Direct Debit is taken (please tick). Fill in details below if different.

Name of account holder(s)

Branch sort code – –

Bank/building society account

Account reference (if required)

Claimant declaration

- I agree that to the best of my knowledge and belief the information provided is true and complete. I understand that any false statement may disqualify me from reimbursement of my claim and from membership of National Friendly.
- I also give consent that any Specialist who has treated me can disclose any details requested by National Friendly.
- I confirm that if this form has been completed by someone else, it was done at my request.

Claimant signature (or parent if claimant is under 16)

Date / /

National Friendly has a duty to its members to detect and prosecute fraudulent claims. On a random basis we undertake additional checks on claims and you may be required to provide further information.