

Global Dental Accident and Emergency Scheme

Request for Assistance Form for Hospital Benefit OR Mouth Cancer

The Global Dental Accident and Emergency Scheme is a wholly discretionary scheme, not an insured scheme. It is funded by your dental plan 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 hospitalisation for dental-related treatment, or following the diagnosis of oral cancer. 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 4 (Hospitalisation) or section 5 (Mouth Cancer) 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, countersigned by the treating dentist or medical practitioner, should be sent to the Scheme Manager at Global Dental Scheme Limited, within 30 days of your admission or diagnosis. 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/hospital.

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 by email to: assist@globaldentalscheme.co.uk

Alternatively, please post hard copies to: Global Dental Scheme Limited, 18a 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

Treatment Details

Date & time of admission

Date & time of discharge

Date of treatment

Hospital address

Full name of Consultant or Specialist

Consultant or Specialist telephone number

Consultant or Specialist email address

Please provide details of any treatment provided

If Mouth Cancer has been diagnosed, please detail:

- Date of diagnosis
- Where is the primary site of the cancer?
- Is the tumour non-invasive?

Payment Details

IMPORTANT – We will require a copy invoice detailing any treatment and care fees in order to reimburse these costs. In the instance of a Mouth Cancer diagnosis, we will require to see proof of such diagnosis before making a fixed benefit payment.

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

Dentist or Medical Practitioner 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.

Name

Signature

Date