



DENTAL INSURANCE CLAIM FORM: ACCIDENT AND EMERGENCY PLAN

Section A: Insured Details

Policy holder Full Name			
ID Number		Date	
Policy Number		Contact No	
Patient Full Name		Patient ID or Date of Birth	

Section B: Practice Details

Dentist Name			
Date of Visit		Practice no	

Section C: Accident Report by Policy holder

Type of Accident		
Give a brief description of the accident and specify on the drawing which area was affected.		

PLEASE NOTE: Only the benefit claimed for in the [blue section](#) below will be processed and if it is not completed then this claim will be declined automatically. It is also compulsory to submit a valid statement or quote with your claim.

DIAGNOSIS:	Likely Treatment	Cover	Mark with X	Tooth Numbers	Internal Use
Infection	Extraction, filling, root canal	R350 per emergency event			ACHE
Toothache	Extraction, filling, root canal	R350 per emergency event			ACHE
Fractured Tooth	Crown	R2000 per tooth	(X-rays required)		FRACT1
Tooth Knocked Out	Implant or Bridge	R5000 per event	(X-rays required)		KNOCKO
Jaw Fracture	Surgery	R15000 per event	(X-rays required)		JAW

Section D: Declaration by Policy Holder

I understand the contents of the completed claim form and I declare that the information given is, to the best of my knowledge and belief, correct and complete. Furthermore, I also irrevocably authorise any person or institution, dental practitioner, medical practitioner, hospital, nursing institution or medical authority to provide Denis Insurance Administrators (Pty) Ltd with any information that may be required regarding my health.

Policy Holder Signature: **Date:**.....

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