

**Supplementary worldwide dental accident and emergency**  
**Claim form for Hospital Benefit OR Mouth Cancer**

This claim form should be completed to claim under section 3 (Hospital Benefit) or section 4 (Mouth Cancer) of the policy. If your claim falls under another section of the worldwide dental accident and emergency cover, please complete the specific claim form accordingly, available from your registered dental practice.

**How to complete and submit your claim form**

Please complete all sections and write clearly in BLOCK CAPITALS using black or blue ink.

This form, countersigned by the treating dentist or medical practitioner must be sent to the Insurance team at PPD within 30 days of your admission or diagnosis. Costs or fixed benefits will be reimbursed up to the limits shown in the Policy. Any amount which exceeds the specified limit must be paid directly by you to the treating dentist / hospital. You must provide all necessary reports, receipts, and other documentation in support of the claim when asked to do so.

Reference to the policy wording will assist you in completing this form. If you have any questions regarding making a claim please contact your dental practice or call the claims help line on 01482 213 215

Please return scans of completed claim forms by email to: [ppd@jelf.com](mailto:ppd@jelf.com)

Alternatively, please post hard copies to: Patient Plan Direct Claims Partnership House Priory Park East Hull HU4 7DY

**Patient Details**

<b>Full name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone number(s)</b>	/
<b>Email Address</b>	
<b>Plan reference number</b> <i>(available from your registered practice)</i>	

**Your Registered Practice Details**

<b>Dentist name</b>	
<b>Practice</b>	
<b>Practice Address</b>	
<b>Postcode</b>	
<b>Telephone number</b>	
<b>Email Address</b>	

**Treatment details**

<b>Date &amp; Time of admission</b>	
<b>Date &amp; Time of discharge</b>	
<b>Date of Treatment</b>	
<b>Hospital address</b>	
<b>Full Name of Consultant or Specialist</b>	
<b>Consultant or Specialist Telephone number</b>	
<b>Consultant or Specialist Email Address</b>	
<b>Please provide details of any treatment provided</b>	

