

Instructions - Please read carefully

- Please complete in **BLOCK CAPITALS** throughout and sign Section 5. Use a separate form for each patient.
- Claim forms must be submitted within two months of treatment (online or by post), attaching bills or receipts and an itemised list of tests and treatments.
- We are unable to accept receipts where alterations have been made unless such alteration is signed by the person issuing the receipt.
- We reserve the right to ask for your previous dental history.

1. Patient Details

Please provide these details so that we can identify your policy

Title Full Name ID Card/Passport
Date of Birth Policy Holder's ID Card/Passport Occupation

Provide these if you are insured through a company

Group Name Employee Name

Update any details changed since you last claimed with us. If patient is under 18, provide policy holder details

Help us keep your data updated

Contact No. Email
Address

2. Claim Details

Provide details about your claim

Amount being claimed € Is this the first time for this condition? Yes No
Is this claim result of an injury? Sports related Other
If yes, please give details
Is this claimable from any other source (i.e. another insurance company)? Yes No

3. Payment Instructions

Let us know how payment should be made

Use Direct Credit details already on file Use details below for this and all future claims Cheque against a bank & administration charge
SEPA IBAN
Account Holder Name

4. Medical Statement - To be completed by your Dentist

A. If this is your first claim, please ask your dentist to provide us with your dental history (you can also attach your dental history separately).

B. Please mark which treatment was carried out, by providing us with the charge and quantity if applicable.

Type of treatment	Examination	Scale and polish	Bite-wing x-ray	Medium x-ray	Large (panoral) x-ray	CT scan
Charge						

C. To be completed for restorative treatment.

i. Date of first consultation for this condition ii. Date patient first aware of symptoms iii. Please mark the relevant teeth

iv. Please specify if this claim is related to an Injury Emergency
v. Why was the treatment carried out? Functionality Aesthetics
vi. Was the treatment clinically necessary? Yes No

if 'Yes' give details

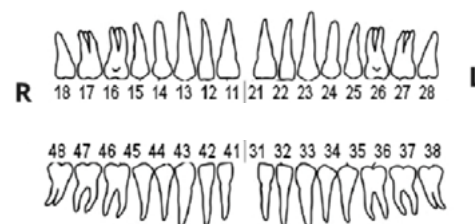
vii. Have you or any other dentist recommended treatment on this tooth/teeth in the past?

Yes No

viii. Have you or any other dentist provided treatment on this tooth/teeth in the past?

Yes No

if 'Yes' please provide details including dates and type of treatment



	Routine or Restorative	Injury or Emergency	Number of Units	Total Charge
ix. Fillings				
One surface amalgam				
Two or more surface amalgam				
One surface composite anterior				
Two or more composite anterior				
One surface composite posterior				
x. Root Canal Treatment				
Incisor/Canine				
Premolar				
Molar				
xi. Crowns				
Porcelain jacket				
Metal bonded				
Dentine bonded				
Full gold				
Zirconia				
Post				

	Routine or Restorative	Injury or Emergency	Number of Units	Total Charge
xii. Bridgework				
Metal bonded porcelain				
Adhesive bridge				
Inlay				
Onlay/Veneer				
Zirconia bridge				
xiii. Dentures				
Permanent acrylic				
Permanent metal				
xiv. Sundry				
Simple extraction				
Surgical extraction				
Periodontal treatment				
Other treatment				
Give details				

Dentist's Name

Dentist's Reg No.

Practice Name

Practice Tel No.

Signature

Date

DD/MM/YYYY

5. Declaration

Data and Privacy Protection

Atlas Insurance PCC Limited and Atlas Healthcare Insurance Agency Limited (hereinafter 'Atlas', 'us', 'our', 'we') are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about you or relating to you and/or to any person/s whom you insure with Atlas (hereinafter 'others').

In completing all the forms related to your policies or claims, you confirm your understanding and acceptance of the terms in our Data Protection and Privacy Statement. You hereby warrant that you have informed others why we asked for this information and what we will use it for and have obtained the necessary explicit verbal consent to process such data for the purposes mentioned below.

Atlas collects and processes information about you and others for purposes which include preparing requested quotations, underwriting and administering the insurance proposal and policy, carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). Atlas may monitor calls to and from customers for training, quality and regulatory purposes.

Atlas may collect and disclose your and others' information from/to other entities in order to conduct our business including:

- managing claims, which may require us to obtain data including medical information from healthcare providers (including any public or private hospital, clinic, laboratory or other medical facility) and/or your employers (for company schemes) and which you hereby authorise to provide us with such information;
- administering policies with:
 - our associated companies
 - introducers, intermediaries, agents or brokers when these are appointed by you,
 - the policyholder (in the case of corporate policies),
 - insurance principals, reinsurers and co-insurers

including third parties providing services to these;

- helping us prevent or detect crime by sharing your information with regulatory and public bodies in Malta or, if applicable, overseas, including the policy, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit references or fraud searches or investigations;
- our third party suppliers or service providers to whom we outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

You can withdraw your consent to Atlas processing your personal information which is processed with your consent, e.g. direct marketing, at any time. You have the right to access your personal data and ask Atlas to update or correct the information held to ensure such personal data from our records if it is no longer needed for the purposes indicated above. You may exercise these and other rights held in the Atlas Data Protection and Privacy Statement, by contacting our Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 419 Ta' Xbiex Seafront, Ta' Xbiex XBX1021 Malta or email dpo@atlas.com.mt. Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

If you and others consider that the processing of data by Atlas is not in compliance with the data protection laws and regulations, you and others may lodge a complaint with us and/or the Office of the Information and Data Protection Commissioner by following this link <https://idpc.org.mt/en/Pages/contact/complaints.aspx>.

If you wish to obtain the full Atlas Data Protection and Privacy Statement or a better understanding of how we use this data please visit <https://www.atlas.com.mt/legal/data-protection/>. Kindly note that this is subject to occasional updates including changes to relevant data protection laws, regulations and guidance.

Patient's signature
(Policy holder to sign
if patient is under 18)

Date

I confirm my understanding and acceptance of the above

If submitted by post, we recommend that you photocopy the completed form and any enclosures for your records.

For internal use only