# Malta Corporate Dental Claim Form

PLEASE FILL IN ALL DETAILS AND USE BLOCK CAPITALS THROUGHOUT.

Please follow these instructions carefully to ensure that your claim will be processed efficiently and without any need for further clarification.
1. Do not forget to attach original receipts and sign and date this form
2. If this is your first claim, please attach a copy of your dental records for assessment. Alternatively we can request a copy from your dentist which will delay assessment of your claim.
3. We recommend that you photocopy the completed form and any attachments for your records.
4. Send this form within TWO MONTHS of treatment to Atlas Healthcare Insurance Agency Limited – Abate Rigord Street, Ta' Xbiex XBX1121, Malta.

## Subscriber's Details

Policy No: Group Name:

Title: First Name: Surname: Id. Card No:

Address:

## Patient and Claim Details – *To be completed whether patient is the subscriber or not*

Title: First Name: Surname: Id. Card No:

Tel No: Mobile No: Email address:

Is this the first claim for this condition? Yes No Date Person first aware of symptoms: D D M M Y Y Y Y

Is this claim claimable from any other source? Yes No If YES give details

## If you are submitting a claim for a dental injury, please complete the additional information below.

Was the dental injury sustained while participating in a sporting activity? Yes No

If YES please give details of the sporting activity

Please give details of the injury

## Your payment instructions

**Request for direct credit of payment to bank account (only requires completion ONCE for all future claims for this patient)**

☐ I request ALL FUTURE CLAIMS to be paid directly to: Bank Branch

Bank account number (IBAN):

In the name of: BIC/SWIFT (Bank Identifier Code, foreign bank accounts only)

Please send notification of payment to the following email address:

☐ Please reverse my previous instructions to credit a bank account for claims in respect of this patient and issue cheques for this and any future claim payments.

Patient's signature if aged 18 or over
(Subscriber's signature if patient is under 18): Date: DDMMYYYY

Note: Claim settlement by direct credit transfer is only possible for bank accounts which are within the Single Euro Payments Area (SEPA).

## Declaration

I declare that to the best of my/our knowledge and belief the statements made on this form are true and complete.

**Data and privacy protection**

Please make sure that everyone covered by this policy reads this summary and the full data privacy notices on Atlas' and AXA's websites: https://www.atlas.com.mt/legal/data-protection/ or https://www.axappphealthcare.co.uk/privacynotice.

AXA PPP healthcare limited (hereinafter referred to as 'we', 'us', 'our'), Atlas Healthcare Insurance Agency Limited (hereinafter referred to as 'Atlas') and/or any other subsidiary companies of Atlas Holdings Limited want to reassure you we never sell personal member information to third parties. We will only use your information in ways we are allowed to by law, which includes only collecting as much information as we need. We will get your consent to process information such as your medical information when it's necessary to do so.

We and Atlas are the controllers of personal data held about you or relating to you and/or any other person/s whom you insure with us (family members), under the terms of the Data Protection Act (hereinafter the 'Act').

In all forms that you complete in relation to this policy, you and other family members are deemed to accept the terms of this statement. You hereby warrant that you have presented this statement to the other family members and have obtained their necessary explicit verbal consent to:

- obtain information about you and the family members who are covered by your policy from you, those family members, your healthcare providers, hospitals, laboratories and other medical facilities, your employer (if you are on a company scheme), your insurance broker or intermediary if you have one, from other insurance providers, and third party suppliers of information, such as credit reference agencies and which you hereby authorise to provide the information.
- Allow us or Atlas to process your information mainly for the purpose of preparing quotations, managing your membership, underwriting and settling of claims, including detecting, preventing and/ or suppressing and/or investigating fraud. We also have a legal obligation to do things such as report suspected crime to law enforcement agencies. This processing may be carried out by us or any other AXA companies possibly outside the EU, and/ or by Atlas or any other subsidiary companies of Atlas Holdings Limited (Atlas Group). We also do some processing because it helps us run our business, such as research, finding out more about you, statistical analysis for example to help us decide on premiums and marketing. We do record calls and these may be monitored for training, quality and regulatory purposes.
- Allow us or Atlas or a member of the Atlas Group to disclose your information to other people or organisations. For example to: manage your claims, by for example dealing with your medical advisers; manage your policy with your insurance broker or intermediary; help us prevent and detect crime and medical malpractice by talking to other insurers or to persons acting on their behalf and/ or instructions including (but not limited to) the Malta Insurance Association, relevant agencies such as credit reference agencies, the Malta Insurance Fraud Platform and other appointed experts together with the Commissioner of Police and any public or private hospital or clinic, other healthcare provider of any kind or any person, body or authority authorised by law to receive personal data; and allow other AXA companies possibly outside the EU and other subsidiaries or any daughter companies of Atlas Holdings Limited to contact you if you have agreed.

Where our using your information relies on your consent you can withdraw your consent, but if you do we may not be able to process your claims or manage your plan properly.

In some cases you have the right to ask us to stop processing your information or tell us that you do not want to receive certain information from us, such as marketing communications. You can also ask us for a copy of information we hold about you and ask us to correct information which you believe is inaccurate or out of date. You have the right to transfer your personal data to another Data Controller. If you want to ask to exercise any of your rights please write to the Data Protection Officer at the following address:

The Data Protection Officer, Atlas Healthcare Insurance Agency Limited, Abate Rigord Street, Ta' Xbiex, XBX 1121, Malta, email: dpo@atlas.com.mt. A request will be dealt with as soon as possible and will not take more than 30 days to process.

Patient's signature:
(Parent to sign if child is under 18) Date: DDMMYYYY

I confirm my understanding and acceptance of the above.

## Medical Statement – *To be completed by your Dentist*

**Please complete if this is your patient's first claim**
Has patient consulted you within the last twenty four (24) months? Yes ☐ No ☐
If 'yes' please specify date of last visit and details (eg fillings, root canal treatment etc) of recommended treatment, if any:

| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Date of first consultation for this condition: D D M M Y Y Y Y

Date patient first aware of symptoms: D D M M Y Y Y Y

**Dental history of this condition including details of previous treatment. If more than one visit is necessary kindly provide us with a treatment plan**

### Please tick to indicate the type of treatment received.

| | Routine & Restorative | Injury or emergency | Number of units | Total Charge |
|---|---|---|---|---|
| **Routine treatment** | | | | |
| Examination | | | | |
| Scale and polish | | | | |
| Bite-wing x-ray | | | | |
| Medium x-ray | | | | |
| Large (panoral) x-ray | | | | |
| **Fillings** | | | | |
| One surface amalgam filling | | | | |
| Two or more surface amalgam filling | | | | |
| One surface composite anterior filling | | | | |
| Two or more surface composite anterior filling | | | | |
| One surface composite posterior filling | | | | |
| Two or more surface composite posterior filling | | | | |
| **Root Canal Treatment** | | | | |
| Root canal treatment – incisor / canine | | | | |
| Root canal treatment – premolar | | | | |
| Root canal treatment – molar | | | | |
| **Crowns** | | | | |
| Porcelain jacket crown | | | | |
| Metal bonded crown | | | | |
| Dentine bonded crown | | | | |
| Full gold crown | | | | |
| Zirconia crown | | | | |
| Post | | | | |

| | Routine & Restorative | Injury or emergency | Number of units | Total Charge |
|---|---|---|---|---|
| **Bridgework** | | | | |
| Metal bonded porcelain bridgework | | | | |
| Adhesive bridge | | | | |
| Inlay | | | | |
| Onlay/veneer | | | | |
| Zirconia bridge | | | | |
| **Dentures** | | | | |
| Permanent acrylic | | | | |
| Permanent metal | | | | |
| **Sundry** | | | | |
| Simple extraction | | | | |
| Surgical extraction | | | | |
| Periodontal treatment | | | | |
| Other routine, restorative, injury or emergency treatment | | | | |
| Give details | | | | |

| **Total claims value** | € |
|---|---|

**Mouth cancer treatment** – please contact us for details required in this case.

Dentist's Name:

Dentist's Reg. No:

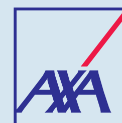
Practice Name:

Practice Tel No:

Dentist's signature:

Date: D D M M Y Y Y Y

Office Address: Abate Rigord Street Ta' Xbiex XBX 1121 Malta
Tel (356) 21 322 600 Fax (356) 23 265 601
Registered Office: 47-50 Ta' Xbiex Seafront Ta' Xbiex XBX 1021
Tel (356) 23 43 53 63 Fax (356) 21 344 666
**Email:** health@atlas.com.mt **Website:** atlas.com.mt/insurance/dental




AXA PPP healthcare Limited. Registered office: 5 Old Broad Street, London EC2N 1AD, United Kingdom. Registered in England No. 3148119.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
© AXA PPP healthcare 2018.

PB64737/04.18