

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
DD/MM/YYYY where patient is under 18

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 claim for this condition? Yes No

Is this claim the 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 the 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

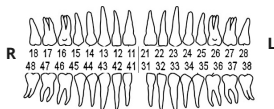
v. Why was the treatment carried out?

- 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		Routine or Restorative	Injury or Emergency	Number of Units	Total Charge
ix. Fillings					xii. Bridgework				
One surface amalgam					Metal bonded porcelain				
Two or more surface amalgam					Adhesive bridge				
One surface composite anterior					Inlay				
Two or more surface composite anterior					Onlay / veneer				
One surface composite posterior					Zirconia bridge				
Two or more surface composite posterior					xiii. Dentures				
x. Root Canal Treatment					Permanent acrylic				
Incisor / canine					Permanent metal				
Premolar					xiv. Sundry				
Molar					Simple extraction				
xi. Crowns					Surgical extraction				
Porcelain jacket					Periodontal treatment				
Metal bonded					Other treatment				
Dentine bonded					Give details				
Full gold					D. Mouth cancer treatment - please contact us for details required				
Zirconia									
Post									

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 or delete 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, 48-50 Ta' Xbiex Seafrott, Ta' Xbiex XB1021 Malta or email dp@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 personal 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 view the full Atlas Data Protection and Privacy Statement, for 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 changes including to comply with changing data protection laws, regulations and guidance.

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

Date

DD/MM/YYYY

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



**Atlas
Healthcare**

Registered address: 48-50 Ta' Xbiex Sea Front Ta' Xbiex XBX 1021 Malta

Atlas Healthcare Insurance Agency Limited (C32603) is authorised under the Insurance Distribution Act to act as Enrolled Insurance Agents for Atlas Insurance PCC Limited (C5601) (AIPL). AIPL is a cell company authorised under the Insurance Business Act 1998 to carry on general insurance business. The non-cellular assets of the company may be used to meet losses incurred by the cells in excess of their assets. Both entities are regulated by the Malta Financial Services Authority.

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