



## Payments

Account name

Sort code

Account number

## Data Protection Act 1988

Information about health, medical history and any treatment that you have is sensitive, personal information.

- Usually we need your consent to process your personal information
- You have a right to receive details of the information we hold about you. We may make a small charge. We may ask for dental information via your dentist.
- If on reading a dental record you believe it is inaccurate or misleading you can request that an amendment is attached to it.
- You may request from us, in writing, a copy of any personal information contained in any independent report that we obtain.
- You should contact your own dentist for any report they produce.
- We sent claims correspondence to the policyholder unless we are advised to do otherwise.

## Prevention and detection of crime

Please note that your insurance policy with us is based on mutual trust. If we are suspicious that any claim may be fraudulent we have rigorous anti-fraud measures in place. These may include auditing the records of medical practitioners to prove that our customers are correctly billed for the services received effectively to prevent and detect crime. This may also involve auditing the policyholder's medical and health records before or after treatment. We may need to share information received with third parties such as the General Medical Council or the NHS Counter-Fraud Security Management Service as we deem appropriate. We may also be required by law to submit information to law enforcement agencies about our suspicions of fraudulent claims and other crimes.

## Customer's Declaration and Access to Medical Reports Act 1988

- I confirm that the treatment detailed in the invoice provided has been paid in full to the sum of **£**  .
- I confirm that I have been examined during the 12 months prior to the date of joining this scheme and all necessary remedial treatment was completed at that time
- I confirm that the treatment was not planned prior to the enrolment date
- I confirm that the above details are true and correct and that all treatment is now completed  
I also confirm that the treatment was necessary to secure and maintain oral health
- I understand that fraudulent claims will result in legal action and cancellation of my policy
- I also authorise, if required, the relevant medical practitioner to divulge any information relating to the above claim.

Please tick

Signature

Date

**Checklist!** ✓ Have you ticked the declaration? ✓ Is this claim within 3 months of treatment? ✓ Are appropriate receipts attached?

**RETURN TO: BDHSC, Ground Floor, Regent House, Folds Point, Folds Road, Bolton, Lancashire BL1 2RZ**