Online Claiming Guide



DeCare

Step 3

Enter the policyholder details and patient details. Your policy number can be found by logging on to your member area or by contacting customer service on 094 937 8608.



| ental Policy Number* | Policyholder Name * | | |
|---|---|--|--|
| | First Name Last Name | | |
| blicyholder Date of Birth * | Policyholder Email Address * | | |
| • • • • • | By providing your email address, you agree to receive updates in relation to your claim and information in relation to your existing dental products or services. | | |
| atient Name * | Patient Date of Birth* | | |
| st Name Last Name | • • • = | | |
| olicyholder Postal Address 01* | Policyholder Postal Address 02 | | |
| blicyholder Postal Address Town / City* | Policyholder Postal Address County | | |
| | Antrim | | |
| blicyholder Postal Code (EirCode) | Policyholder Mobile Contact Number | | |
| | By providing your mobile number, you agree to receive updates in relation to your claim and information in relation to your existing dehtal products or services. | | |
| | | | |

Step 4

If this is your first time submitting a claim, please enter your bank details. If you submitted your bank details in a previous claim you can skip this section by selecting **Next**.

| You must provide y your bank account. | ur Bank Account Details (IBAN & BIC) the first time that you make a claim, so that we can send your payment dire If incorrect or no bank account details are provided, payment will be issued by cheque. |
|--|---|
| Policyholder IBA | 1 |
| L | |
| Policyholder BIC | |
| | |

Step 5

Enter your Dentist Name, Dental Practice Name and Address here. Select **Next** to continue.

| First Name | Last Name | |
|------------|-----------|--|
| | | |
| | | |

Step 6

Upload your dental receipts here. Please note all receipts must be itemised. Then select **Submit Dental Claim** to send your claim to be processed. If you do not have an itemised receipt please see Step 7.

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|---|---|
| | |
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| ou must attach a receipt fo your dentist provides ALL any further information al | s the total amount that you area | | | |
|---|--|---|---|--|
| your dentist provides ALL any further information al | i the total amount that you are | claiming. | | |
| | of the required information (<i>Ite</i> pout your treatment. | mised Receipt) on the receipt and y | ou upload this receipt you will not need to fill | |
| that is an itemised receipt? | | | | |
| itemised receipt will cont | ain the following information: | | | |
| Tooth Number (& Surfa Bridge, Implant Crown: Quadrant for Periodon Date of Service € Fee for each treatme the image below of what | ice) for Sealants, Fillings, Crowr s, Emergency Treatment tal Treatment nt t an itemised receipt should loc | n, Repair Crown, Stainless Steel Crov | vn, Root Canal Pulpotomy, Extractions, | |
| Riverwalk Dental | Riverwalk Dental | | | |
| RECEIPT | RECEIPT | | | |
| Checkup €40 Scale + Polish €60 | UR4-DO €100 | | | |
| THANK YOU | THANK YOU | | | |
| In section E with the full of the section E with the | e gealing of your treatment. etials of your treatment. etials card slips. e treatment information require processing your claim or to no | no oppose min receipt and ed on the itemised receipt, payment of your claim. we7 | Attach a File 1* Counse file Armone file The File CN Drog dental Research files here, or browne Attach a File 2 Orogenetic Cetty files here, or browne Attach a File 3 Counse file Research file here, or browne Attach a File 4 Counse file Research file here, or browne Attach a File 4 Counse file Research file here, or browne Attach a File 4 Counse file Research file here, or browne Drog dental recepts files here, or browne | osen to attach files osen to attach files osen to attach files osen to attach files |
| 15 | | 0 | | |

Step 7



If you don't have an itemised receipt select **No** in the drop-down in Step 6. Upload a copy of your receipt and fill in the details in the drop-down boxes provided, including tooth number, date of service & fee. Then select **Submit Dental Claim** to send your claim to be processed.

| reatment 1 | Tooth/Surface/Quad 1 | Date of Service 1 | Fee 1 |
|------------|----------------------|--|-------|
| | \$ | | € |
| reatment 2 | Tooth/Surface/Quad 2 | Date of Service 2 | Fee 2 |
| | \$ | < | € |
| reatment 3 | Tooth/Surface/Quad 3 | Date of Service 3 | Fee 3 |
| | \$ | | ¢ |
| reatment 4 | Tooth/Surface/Quad 4 | Date of Service 4 | Fee 4 |
| | \$ | | € |
| reatment 5 | Tooth/Surface/Quad 5 | Date of Service 5 | Fee 5 |
| | \$ | • • • = | € |

Please note your claim cannot be processed if it does not have one of the following:





Section E treatment details filled in, including tooth number and surfaces where applicable.

Dental Insurance from the Dental Experts

decare.ie



DeCare Dental Insurance Ireland DAC trading as DeCare, DeCare Dental & DeCare Vision is regulated by the Central Bank of Ireland.

