







**Section 6 Dental treatment – must be completed by the dental practitioner (continued)**

**5. Breakdown of costs**

Invoice reference	Treatment (include the number of surfaces if any restoration was done and the number of canals if any RCT was done)	Invoice amount (including currency)

**6. Declaration**

I declare that to the best of my knowledge and belief the information given in this section of the Claim form is full, true and complete.

Dental practitioner's signature:	Date (mm/dd/yyyy):
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Practice stamp

**How to complete this form**

One form must be completed for each patient, for each dental condition treated.

Assessment of the claim may be delayed if the patient/main member and the patient's dental practitioner do not complete all the necessary sections of this form.

Sections 1 to 5 must be completed by the patient or the main member on behalf of the patient if the patient is a dependant under the age of 18.

Section 6 must be completed by the patient's dental practitioner unless the claim is for:

- a routine dental checkup.

For any other type of claim, we understand that it may not always be possible to have Section 6 completed by the dental practitioner. In such circumstances, we will process the claim if the invoices and receipts for the treatment costs incurred contain all of the following:

- diagnosis of the dental condition treated;
- treatment date;
- type of treatment including the tooth number, number of surfaces if restoration work was done and /or number of canals if Root Canal Treatment was done; and
- the dental provider's official stamp.

We may need to contact the patient's dental practitioner for more information in order for us to process the claim under the terms and conditions of the policy. We will tell you if we need to do this.

**A quick guide on how to submit your claim. For detailed information, please refer to the "Your guide to making a claim" section in your Member Handbook.**

Send us the claim within 180 days of the first treatment date. You must send the following items to make sure that we can process your claim:

- the fully completed Claim form;
- the original itemised invoice;
- the original receipt. We do not accept credit card statements as proof of payment;
- a copy of the prescription if you are claiming for medication; and
- a copy of the investigative tests results where relevant (e.g. x-rays, scans).

**Important information**

Please remember these important points when completing your Claim form.

**Section 3 – Claim details**

If the patient has another insurance plan or policy that covers him/her for medical costs, we will need to know the details as it may affect the amount we pay in respect of their claim.

**Section 4 –Declaration**

If the declaration has not been read and signed, we will not be able to process the claim.

## How to complete this form (*continued*)

### Section 5 – Payment details

- If you are not personally seeking reimbursement we will pay the treatment provider directly, as long as the payment instructions are shown clearly on the invoice.
- If you are personally seeking reimbursement, we will only issue payment to:
  - the patient if they are 18 or over;
  - the plan holder if the patient is under 18 and is a dependant under the plan; or
  - the parent or legal guardian named as the primary member, if the patient is under 18.
- Ensure that you are able to receive payment in the method and currency you have requested.
- We reserve the right to pass on any payment charges incurred by us for cancelling the original payment due to inaccurate information submitted to us.
- We will not be responsible for any payment shortfall due to exchange rate fluctuations and/or recipient bank service charges. Please contact your bank for further details.
- If you do not give us the sort code/routing code, BIC/ SWIFT code and/or IBAN number, you may incur additional bank charges and it will result in a delay in us paying your claim. You can find the payment information on your bank statement.
- Payment by foreign draft / cheque in certain currencies can result in long delays. These delays are beyond our control. We will not pay any bank charges incurred in encashing a foreign draft / cheque. We strongly recommend that, wherever possible, you choose to be reimbursed by bank transfer as this is the quickest and safest method of payment.
- We can make payment in most readily traded currencies and to most countries. In the event that we are unable to make payment in the currency or to the country you have specified, we will contact you to confirm an alternative currency. If you do not specify a payment currency, we will pay your claim in the base currency of your plan. For the current list of applicable currencies and countries please refer to our website.
- We cannot issue non-QAR foreign drafts/cheques to members/providers with bank accounts based in Qatar as the banks will not allow those to be encashed.
- Your bank may ask you to complete additional paperwork before they can release our payment to you. This may delay your receipt of the payment and is outside our control.
- Whenever coverage provided by any insurance policy is in violation of any U.S, U.N or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury's website at: [www.treasury.gov/resource-center/sanctions](http://www.treasury.gov/resource-center/sanctions).

We know you may have questions and we're always here to help. You can call us any time on the phone number listed on the back of your Aetna ID Card.

You can also send us a secure email by logging in to [www.aetnainternational.com](http://www.aetnainternational.com) and clicking 'Contact us'

You can scan your claims to us, rather than post them. It is important that any claim you send to us is done either by scan or originals, but not both.

## Section 7 Data Protection

Aetna Global Benefits (UK) Limited ('Aetna', 'we') is the data controller of personal data collected and processed for the purposes set out in this document. Aetna considers personal data or personal 'information' to be confidential. We protect the privacy of that information in accordance with applicable privacy laws and regulations, as well as our own company privacy policies.

These laws and regulations include, but are not limited to, the Health Insurance Portability and Accountability Act Privacy Rules (HIPAA Privacy Rules), the General Data Protection Regulation (GDPR), the UK Data Protection Act 2018 and any applicable EU member state legislation and derogations.

We will use your personal data to determine eligibility and provide a quotation to you or to your broker; onboarding you to the plan, process payments, premiums and claims; managing, administering and improving your policy; investigating and responding to complaints; contact you with information about your plan and for the purposes of providing healthcare or wellness advice; fraud prevention together with any other regulatory checks; establish, exercise or defend legal claims or rights and to protect, exercise and enforce our rights, property or safety.

Where your health data is used for any of the above we rely on the insurance condition provided under the UK Data Protection Act 2018, which means we don't need to acquire your consent for the processing.

We retain your personal data for as long as necessary to provide you the benefits under your insurance plan, until such time as any claim under the insurance policy is concluded, until the limitation for exercising any legal rights has expired or for compliance with any legal or regulatory requirements.

We may disclose information about you in various ways, including, but not limited to: health care operations, treatment, disclosure to other covered entities, plan administration, research, business associates, industry regulation, law enforcement, legal proceedings and public welfare.

In all situations other than those described above, we will ask for your written authorization before using or disclosing information about you.

We will not send any personal data or health information outside the EEA unless the appropriate protections are in place, or unless there are emergency medical ground for doing so.

To help us make sure that your personal information remains accurate and up-to-date, please inform us of any changes.

You have the right to access to your personal information, to request correction, erasure, restriction of processing, transfer of your information, and object to the processing of your personal data.

If you would like to exercise any of your rights relating to your personal data, or enquiry any further information, please contact our designated Data Protection Officer:

Data Protection Officer  
50 Cannon Street,  
London EC4N 6JJ  
United Kingdom  
Or  
[dpo@aetna.com](mailto:dpo@aetna.com)

You can find our full terms and conditions and details of our privacy policy at <https://www.aetnainternational.com/en/about-us/legal-notices.html>

### Send your claim to

- By post:  
**Aetna Global Benefits (Europe) Limited**  
**25 Templer Avenue**  
**IQ Farnborough, Farnborough,**  
**Hampshire. GU14 6FE,**  
**United Kingdom**
- For the quickest and most convenient way of submitting your claim, please register for the secure member website at [www.aetnainternational.com](http://www.aetnainternational.com) and submit your claim online.
- Send your claim via fax attaching receipts and all required documents from your medical practitioner, as explained above, to: +44 870 442 4387
- Send your claim via email with copies of your receipts and all required documents from your medical practitioner, as explained above, to: [EuropeServices@aetna.com](mailto:EuropeServices@aetna.com)
- For claim related queries please contact our 24 hour Member Services helpline at: +44 870 442 4386

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