

Dentisure™ Loyalty Program Accident Claim Form

Every question must be completed

Forward completed forms to: dentisure@dentalcarenetwork.com

For any queries on the completion of this form contact: 1800 789 149

IMPORTANT			
<p>Complete this form in full. Supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents as indicated may result in a delay in processing your Dentisure loyalty programme (Loyalty Programme) claim.</p> <p>Provide a comprehensive description of the circumstances of the Accident/Injury. If this claim form does not provide enough space, please use a separate piece of paper and attach as supplementary information.</p> <p>When all information has been completed, please forward the claim form to Dental Care Network TM.</p> <p>Provide the claim form within 30 days of Accident occurring. Any words defined in the Loyalty Programme's Terms and Conditions have the same meaning in this claim form.</p>			
PERSONAL STATEMENT			
Claimant Name:		Date of Birth:	
Postal Address:			
Contact Details:	Work No:	Home Telephone:	
Mobile No:	Fax:	E-mail:	
SUMMARY OF CLAIM			
I am claiming the following benefits under this Loyalty Programme. Dental cost amount: \$			
GENERAL INFORMATION			
Name of Regular Dental Care Network Provider		Dr	
Practice Name:		Date of visit of last visit before Accident: / /	
Are you registered as a member of the Loyalty Programme?		Yes / No	
Please confirm the date you registered with the Loyalty Program			
Method of registration		Online / Registered by Practice	
STATEMENT OF CLAIM (To be completed by the Claimant)			
1. When did the Accident (which led to the Injury) occur?	Date:	Time:	AM / PM
2. Which Dental Corporation Practice did you attend for the treatment of the Injury?			
Name of Dentist:		Date of visit: / /	
3. In your own words, please describe the Accident and the Injury:			

Please describe exactly what you were doing at the time of your Accident and how it happened:

Where did the Accident occur?

Were the police in attendance as a result of this Accident? Yes No

If so, please provide a copy of their report or the attending officer's name and police station.

4. Name and address of witness:

5. During the 24 hours before the Injury, did you consume alcohol or drugs? Yes No

If YES, please state type and what quantities:

Type: _____ Quantity: _____

6. Are you making, or are you entitled to make a claim in respect of this Injury for any of the following?

If YES, please provide details and amounts (and dates where applicable):

Benefit		Details
Third Party Insurance	Yes/No	
Private Health Insurance	Yes/No	
Workers' Compensation	Yes/No	
Other Government Benefit	Yes/No	
Other Insurance	Yes/No	

Please provide the Banking details by which you want to receive your reimbursement -

Bank and BSB Number -

Account Number -

Account Name -

CLAIMANT DECLARATIONS & MEDICAL AUTHORISATIONS

1. I, _____ solemnly and sincerely DECLARE that the information given by me in this Loyalty Programme claim is true and complete.

Signed: _____ Dated: _____

2. I UNDERSTAND that if any claim under this Loyalty Program is fraudulent in any respect, or if any fraudulent means or devices are used by the me or anyone acting on my behalf to obtain benefits under this Loyalty Program, Dental Care Network may reduce the payment under or refuse the claim.

3. I AGREE to supply any further information that may be requested of me in connection with my Loyalty Program claim.

4. I AUTHORISE any Doctor, Dentist or Person to disclose to the Dental Care Network any and all information that they may request in connection with this Loyalty Program claim.

5. I AGREE that a photocopy of this authorisation shall be considered to be effective and valid as the original.

6. I HAVE read, understood and agree to the collection, use and disclosure of my personal information by Dental Care Network as outlined in the attached Privacy Notice.

Privacy Notice

We are covered by the Privacy Act 1998 (Cth) and its Australian Privacy Principles (APPs), which set out standards for the collection, use, disclosure and handling of personal information.

We, 'Us', 'Our' 'Dental Corporation', refers to Dental Corporation Pty Ltd trading under the name Dental Care Network and their related entities and bodies corporate. We are part of the Bupa Australia Group and 'You', 'Your' refers to individual patients or customers.

Personal information is essentially information or an opinion about an identified individual or an individual who is reasonably identifiable, whether the information or opinion is true or not and whether recorded in a material form or not. See the Privacy Act for full details.

This privacy notice applies from 20 May 2014 and details how We collect, disclose and handle Your personal information.

What are the purposes we collect Your personal information for?

We collect Your personal information primarily to provide, manage and administer Our services and products to You and operate an efficient and sustainable business. As part of these processes, We may disclose Your personal information on a confidential basis to Our related entities within the Bupa Australia Group of companies and Dental Corporation businesses. In addition, We may collect and use Your personal information for a number of purposes, including:

- to provide dental and related services to You;
- to maintain and administer Your patient file(s) at a Dental Care Network practice;
- to contact You in relation to any matter relating to You or the dental services or products provided to You;
- to answer Your enquiries and deliver customer services to You;
- to carry out internal functions such as administration, accounting, quality assurance and information technology;
- to resolve complaints;
- to monitor price and evaluate products and services;
- to conduct marketing surveys, research and statistical analysis
- to fulfil marketing promotions;
- to administer Your invoicing for dental services, credit card payments, or to collect unpaid invoices;
- to process Your health insurance claims;
- to follow You up regarding further dental examinations or treatments required;
- to send information to You about Us;
- to consider a request in connection with or administer a loyalty programme claim;
- to make special offers of other services and products provided by Us or those We have an association with, that might be of interest to You.
- to comply with any laws or regulations.

If You submit online forms or send emails to Us containing personal information, We will use that information to respond to Your message or to contact You. The main purpose of collecting and using personal information submitted through Our web site is to respond to Dental Care Network patient and customer enquiries or feedback from this site.

What happens if You don't give Us Your personal information?

If You choose not to provide Us with the information We have requested, We may not be able to provide You with Our services or products or properly manage and administer services and products provided to You or others.

How do We collect Your personal information?

Collection can take place through websites (from data You input directly or through cookies and other web analytic tools), email, by telephone or in writing.

We collect it directly from You unless You have consented to collection from someone other than You, it is unreasonable or impracticable for Us to do so or the law permits Us to.

We may also collect information from third parties if You have provided them with consent under their own privacy policies or notices or You have provided Us with consent to obtain information directly from a third party including:

- Your health insurance provider or Medicare; or
- dentists, dental specialists or other health practitioners (for example if You were referred to Us by another dentist);
- any doctor, dentist, third party health benefit providers, insurance companies or any other benefit provider (such as Workers Compensation or government agencies) or person to disclose to Us any and all information that We may request in connection with a loyalty programme claim.

If You provide Us with personal information about another person You must only do so with their consent and agree to make them aware of this privacy notice.

Who do We disclose Your personal information to?

We share Your personal information with third parties for the collection purposes noted above.

In order to allow Us to provide manage and administer Our products and services to You and to operate an efficient and sustainable business, We may be required to disclose Your information to third parties. This may include disclosure in the following circumstances:

- to Your nominated relatives in an emergency;
- to government and regulatory bodies, eg. Medicare
- to auditors and other service providers We may appoint to ensure the integrity of Our operations;
- to any person or entity acting on Our behalf;
- to dentists, dental specialists and other healthcare professionals, including for the purpose of seeking a second opinion or a referral, where You have consented to obtaining the second opinion or the referral;
- to third party health benefit providers, insurance companies or any other benefit provider (such as Workers Compensation or government agencies) to assist in the processing of a claim for reimbursement or payment of all or part of the cost of dental treatment submitted by You or on Your behalf or to consider a request in connection with or administer a loyalty programme claim;
- to carry out a review of the practice for the purposes of improving the quality of care provided;
- where disclosure is required by law, eg. compulsory notices from courts of law, tribunals or government agencies.

More information, access and correction or complaints

For more information about Our Privacy practices including how We collect, use or disclose information, how to access or seek correction to Your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to Our Privacy Policy. It is available at Our website by contacting Us (Our contact details are provided below).

How do You contact Us and what are Your opt out rights?

By providing Us with personal information You and any other person You provide personal information for, consent to this use and these disclosures unless You tell Us otherwise. If You wish to withdraw Your consent, including for things such as receiving information on products and offers by Us or persons We have an association with, please contact Us.

Contact Us

Dental Care Network
Customer Centre
PO Box 1439
Lane Cove, Australia 1595
Ph: 1300 326 389