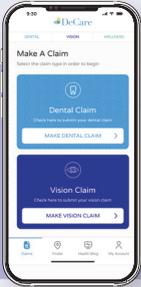


DeCare Claiming Guide

For Vision Claims

Pay & Claim

Pay for your optician visit as normal, then claim back your covered costs as soon as your treatment is complete or when you visit an optician on DeCare's Vision Network, DeCare will pay the optician directly for the costs covered by your policy.



Have you downloaded our app?

Download the DeCare app from the App or Google Play Store

DeCare App

Step by Step Guide



STEP

1.

Download the DeCare App



STEP

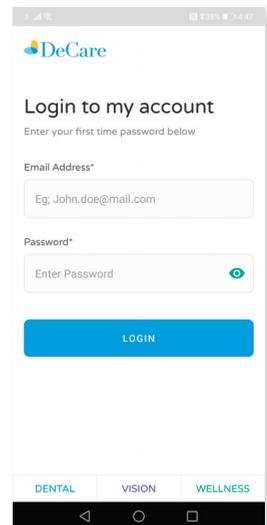
2.

Log into the app with your member login details.

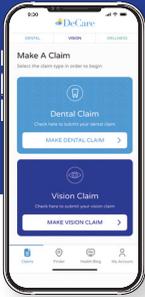


If you have forgotten your password you can reset it here

[Change Password](#)



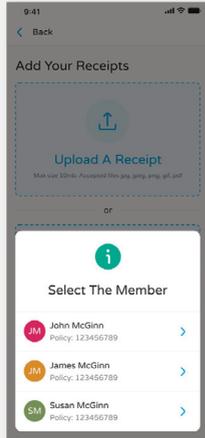
Submit a Vision Claim via the DeCare App



Make a **Vision** Claim in 4 simple steps:

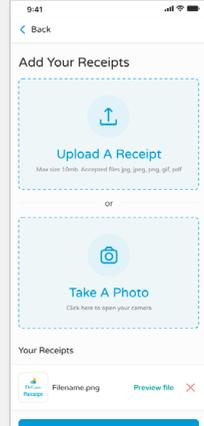
1

Select the member you are making the claim for



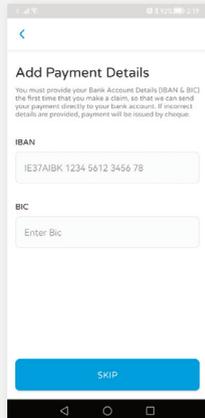
2

Upload or take a photo of an itemised receipt



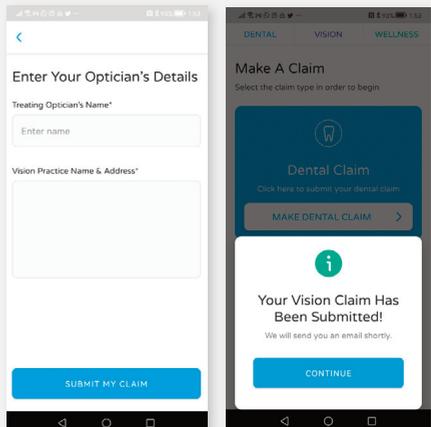
3

Add bank details if not previously provided



4

Add your optician's details and select submit!



Submit a vision claim via online claiming



Step 1

To submit your claim online, visit www.decare.ie select make a claim, vision claim and claim online.



Step 2

Read and click to agree to the Check List and Declaration and then click **Next**.



Check List

- Have you your optician receipts to upload? (please do not submit credit/debit card slips)
- Have you your bank account details ready?
- Your claim must be submitted within 12 months of the date of completion of treatment. This statement will provide a breakdown of payments made to you.
- We will issue a vision claim statement to you when your claim has been processed.

Check Here
Click the checkbox to confirm that you have read the checklist.

DECLARATION

I declare that the expenses and details submitted in this form were incurred by me and/or members covered under the dental policy. I declare that to the best of my knowledge, the information contained on this form is true in every respect. I consent to DeCare Dental's use of the information on this form for administration of my dental coverage. I understand that I am responsible for all costs of dental treatment.

DATA PROTECTION NOTICE

We hold and use personal data and sensitive personal data such as medical information for the purposes of providing and administering dental insurance products. We are registered as a data controller with the Office of the Data Protection Commissioner. In order to administer the dental insurance products which we provide, it is necessary for us to send your data outside of the EU to our parent company based in the USA but such data will continue to be safe guarded in accordance with the standards and principles set out in the EU General Data Protection Regulation (GDPR). We may share your personal data and sensitive personal data with your dentist insofar as it is relevant to the processing of your claim. We may also share your personal data with our bank for the purpose of processing the payment of your claim. We may also share your data with other insurers to verify your cover. We may share your data with trusted third parties for the purpose of distributing policy documentation and we may share your data with trusted third parties for the purpose of distributing policy documentation and other communications, such as letters, direct mail, emails etc. We may share your information with our parent company and other group companies for the purpose of processing the payment of your claim and efficient administration such as audit, systems development etc. We may share your personal data and sensitive personal data with our legal advisers and the appropriate authorities where necessary e.g. the Dental Council, An Garda Síochána and in relation to personal data with the Revenue Commissioners. We may share your personal information and anonymised information for the purposes of health services research for projects approved by the Data Protection Commissioner.

If you have a query in relation to the data held about you or you wish to request a copy of the data held by DeCare about you, please write to the Data Protection officer, DeCare Dental Insurance Ireland DAC, IDA Business Park, Clonsilla, Co. Mayo

Check Here
Please tick to declare that the expenses and details you are submitting in this form were incurred by you and/or members covered under the vision policy.

Next

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**.



Section A - Policyholder & Patient Details

Vision Policy Number *	Policy Holder Name *
<input type="text"/>	<input type="text"/> <input type="text"/>
	First Name Last Name
Policy Holder Date of Birth *	Policy Holder Email Address *
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	<small>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.</small>
Patient Name *	Patient Date of Birth *
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First Name Last Name	
Policy Holder Postal Address 01 *	PolicyHolder Postal Address 02
<input type="text"/>	<input type="text"/>
Policy Holder Postal Address Town / City *	Policy Holder Postal Address County
<input type="text"/>	<input type="text"/>
Policy Holder Postal Code (EirCode)	Policy Holder Mobile Contact Number
<input type="text"/>	<input type="text"/>
	<small>By providing your mobile number, you agree to receive updates in relation to your claim and information in relation to your existing dental products or services.</small>
<input type="button" value="Previous"/>	<input type="button" value="Next"/>

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**.



Section B - Your Payment Details

You must provide your Bank Account Details (IBAN & BIC) the first time that you make a claim, so that we can send your payment directly to your bank account. If incorrect or no bank account details are provided, payment will be issued by cheque.

Policyholder IBAN	
<input type="text"/>	
Policyholder BIC	
<input type="text"/>	
<input type="button" value="Previous"/>	<input type="button" value="Next"/>

Step 5



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

Section C - Your Opticians Details

Treating Providers Name*

First Name Last Name

Provider Practice Name & Address*

Step 6

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



Section D - Itemised Receipts

You must attach an itemised receipt for the total amount that you are claiming.

If your provider provides **ALL** of the required information (Itemised Receipt) on the receipt and you upload this receipt you will not need to fill in any further information about your treatment.

What is an itemised receipt?

An itemised receipt will contain the following information:

- Treatment
- Lens Type & Lens Options (if purchased)
- Date of Service
- € Fee for each treatment
- € Total Fee for all treatments

See the image below of what an itemised receipt should look like:

If your receipt is not itemised (example below) you will need to upload this receipt and fill in section E with the full details of your treatment.

Please note:

- Do not submit credit/debit card slips.
- If you do not submit the treatment information required on the itemised receipt, it may lead to non-payment of your claim.

Attach a File 1*

No File Chosen

Upload your receipt here. select choose file to browse for your receipt and attach the file

Attach a File 2

No File Chosen

Upload your receipt here. select choose file to browse for your receipt and attach the file

Attach a File 3

No File Chosen

Upload your receipt here. select choose file to browse for your receipt and attach the file

Attach a File 4

No File Chosen

Upload your receipt here. select choose file to browse for your receipt and attach the file

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 treatment, Lens type and lens option if applicable, date of service & fee. Then select **Submit Vision Claim** to send your claim to be processed.

Section E - Treatment Details One

Please list all treatments in this section. If your optician provides ALL of the required information on the itemised receipt that you attached in Section D, you do not need to complete Section E of the online claim form.

Treatment *	Lens Type *	Lens Options *	Date of Service *
Exam Eyewear	Single	Anti-Reflective	

Fee *

€

Section E - Treatment Details Two

Please list all treatments in this section. If your optician provides ALL of the required information on the itemised receipt that you attached in Section D, you do not need to complete Section E of the online claim form.

Treatment	Lens Type	Lens Options	Date of Service
Exam Eyewear	Single	Anti-Reflective	

Fee

€

Section E - Treatment Details Three

Please list all treatments in this section. If your optician provides ALL of the required information on the itemised receipt that you attached in Section D, you do not need to complete Section E of the online claim form.

Treatment	Lens Type	Lens Options	Date of Service
Exam Eyewear	Single	Anti-Reflective	

Fee

€

[Previous](#) [Submit Vision Claim](#)

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



An itemised receipt



Section E treatment details filled in, including policy number where applicable.

Our Vision is Our Focus

www.decare.ie



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

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VISION