

DeCare Claiming Guide

For Dental Claims

DENTAL

VISION

WELLNESS

Direct Pay

Making dental care less painful on your pocket through our direct pay service.

DeCare's direct pay service is a great option for members. If a member attends a dentist on DeCare's Direct Pay Network, DeCare will pay the dentist directly for the costs covered by the member's policy, with the member only paying the balance.

[View Direct Pay Dentists](#)

Step 1

Get started

Before scheduling your appointment, give DeCare a call (094 937 8608) to confirm your coverage. We'll inform the dentist and you can book your initial appointment. This may include an examination, cleaning, x-rays, and any necessary urgent dental treatment.



Step 2

First dentist visit

Prior to your treatment, let your dentist know that you want to take advantage of our direct pay service. Make sure to bring a copy of your DeCare Dental Membership Number (this can be found by logging into your member area) and a photo ID to your appointment.



Additional treatment?

If further treatment is needed, the dental practice will send us a treatment plan. We will promptly provide you and the dental practice with written confirmation of the coverage for each treatment before any work is done. This ensures you have peace of mind regarding what is covered, how much we'll pay, and what you may be responsible for.

Step 3

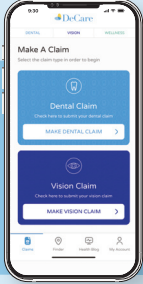
Convenient Payment

We will directly pay the dental surgery for any covered services, so you don't have to worry about the paperwork. You will only be responsible for paying the dentist for any treatments or costs not covered by your plan.



Pay & Claim

Members can visit any dentist and submit claims to DeCare either through our App or Online.



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

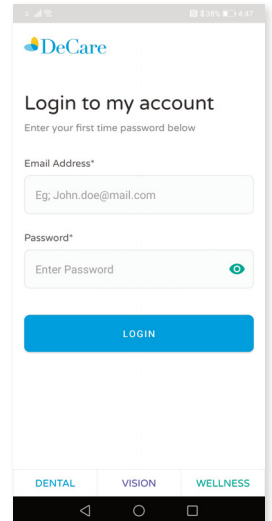
2.

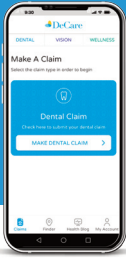
Log into the app with your member login details.



If you have forgotten your password you can reset it here

[Change Password](#)



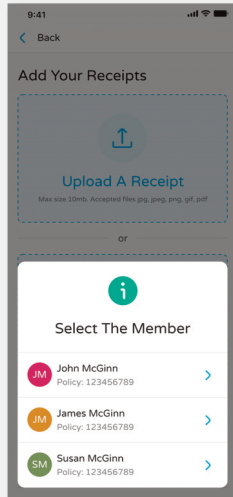


Submit a Dental Claim via the DeCare App

Make a dental claim in 4 simple steps:

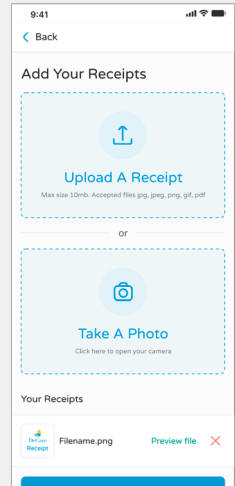
1

Select the member you are making the claim for



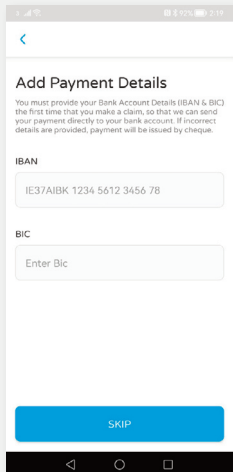
2

Upload or take a photo of an itemised receipt



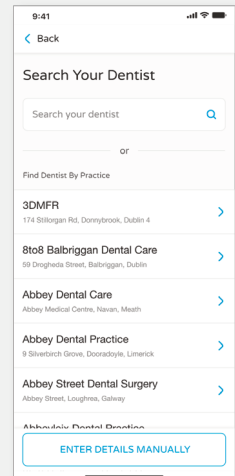
3

Add bank details if not previously provided

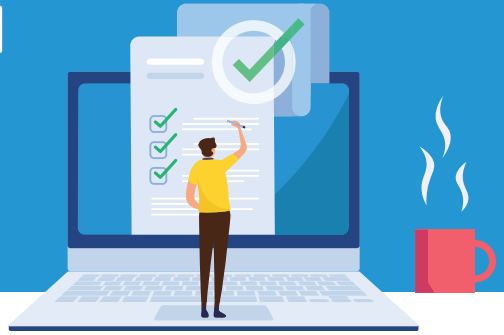


4

Select your dentist from the list or add manually and select submit!



Submit a dental claim via online claiming



Step 1

To submit your claim online please visit www.decare.ie/how-to-claim/ and hit the button **Get Started**.



Step 2

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



Check List

- Have you your dentist receipts to upload? (please do not submit credit/debit card slips)
- Did you make copies of your receipts for your records? It is not our policy to return originals.
- Have you your bank account details ready?
- Your claim must be submitted within 12 months of the date of completion of treatment.
- We will issue a dental claim statement to you when your claim has been processed. This statement will provide a breakdown of payments made to you.

Check Here

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

DECLARATION

I confirm that I have read [DeCares privacy statement](#) and that I consent to DeCares use of the information provided on this form as detailed in the privacy statement.

Agree

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.*

Agree

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

Dental Policy Number * <input type="text"/>	Policyholder Name * <input type="text"/> <small>First Name</small> <input type="text"/> <small>Last Name</small> <input type="text"/>
Policyholder Date of Birth * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Policyholder Email Address * <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 * <input type="text"/> <small>First Name</small> <input type="text"/> <small>Last Name</small> <input type="text"/>	Patient Date of Birth * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Policyholder Postal Address O1 * <input type="text"/>	Policyholder Postal Address O2 <input type="text"/>
Policyholder Postal Address Town / City * <input type="text"/>	Policyholder Postal Address County <input type="text" value="Antrim"/>
Policyholder Postal Code (EirCode) <input type="text"/>	Policyholder Mobile Contact Number <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>

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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"/>

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Step 5



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

Section C - Your Dentist Details

Treating Dentists Name*

First Name Last Name

Dental Practice Name & Address*

Step 6

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



If your dentist 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:

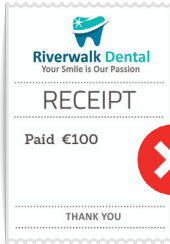
- Tooth Number and Surface for Fillings
- Quadrant treated for Periodontal scaling and root debridement
- Tooth number required for:
 - Sealants Crown
 - Repair or Recement Crown
 - Stainless Steel Crown
 - Root Canal treatment
 - Pulpotomy
 - Extractions
 - Bridge
 - Implant Crowns
 - Emergency Treatment

See image right of what an itemised receipt should look like:

If your receipt is **not itemised** (example step 7) you will need to upload this receipt and fill in section E with the full details of your treatment.



Step 6



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 delays in processing your claim or to non-payment of your claim.

Then select **Submit Dental 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 a receipt for the total amount that you are claiming.

If your dentist 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:

- Tooth Number (6 Surface) for Sealants, Fillings, Crown, Repair Crown, Stainless Steel Crown, Root Canal Pulpotomy, Extractions, Bridge, Implant, Crowns, Emergency Treatment
- Quadrant for Periodontal Treatment
- Date of Service
- € Fee for each treatment

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 it may lead to delays in processing your claim or to non-payment

Have you got a fully itemised receipt as detailed above?

yes

Attach a File 1 *

Choose File Remove File No File Chosen

Drop dental receipts files here, or browse to attach files

Attach a File 2

Choose File Remove File No File Chosen

Drop dental receipts files here, or browse to attach files

Attach a File 3

Choose File Remove File No File Chosen

Drop dental receipts files here, or browse to attach files

Attach a File 4

Choose File Remove File No File Chosen

Drop dental receipts files here, or browse to attach files

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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.

Section E - Treatment Details

Please list all treatments in this section. If your dentist 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 1	Tooth/Surface/Quad 1	Date of Service 1	Fee 1
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
Treatment 2	Tooth/Surface/Quad 2	Date of Service 2	Fee 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
Treatment 3	Tooth/Surface/Quad 3	Date of Service 3	Fee 3
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
Treatment 4	Tooth/Surface/Quad 4	Date of Service 4	Fee 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>
Treatment 5	Tooth/Surface/Quad 5	Date of Service 5	Fee 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/>

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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 tooth number and surfaces where applicable.

Dental Insurance from the Dental Experts

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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