Online Claiming Guide
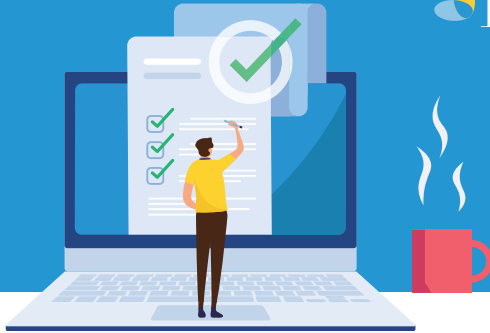

Step 1

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

Step 2

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

DeCare DENTAL

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*

Policyholder Name*
First Name   Last Name

Policyholder 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.

Patient Name*
First Name   Last Name

Patient Date of Birth*

Policyholder Postal Address 01*

Policyholder Postal Address 02

Policyholder Postal Address Town / City*

Policyholder Postal Address County
Antrim

Policyholder 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 dental products or services.

Previous   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

Policyholder BIC

Previous   Next

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 *

Previous

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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.

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 (& 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:

Riverwalk Dental
RECEIPT
Checkup €40
Scale + Polish €60
THANK YOU

Riverwalk Dental
RECEIPT
UR4-DO
€100
THANK YOU

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.

Riverwalk Dental
RECEIPT
Paid €100
THANK YOU

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.

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

Previous

Submit Dental Claim

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
Treatment 2	Tooth/Surface/Quad 2	Date of Service 2	Fee 2
Treatment 3	Tooth/Surface/Quad 3	Date of Service 3	Fee 3
Treatment 4	Tooth/Surface/Quad 4	Date of Service 4	Fee 4
Treatment 5	Tooth/Surface/Quad 5	Date of Service 5	Fee 5

Previous   Submit Dental Claim

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

✅ An itemised receipt

Riverwalk Dental
Your Smile is Our Passion
RECEIPT
Scale + Ploish €60
Checkup €80
THANK YOU

Riverwalk Dental
Your Smile is Our Passion
RECEIPT
UR4 -DO/46
MOD
€100
THANK YOU

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

Dental Insurance from the Dental Experts

decare.ie

DeCare
DENTAL