

Claim Form

Personal accident insurance

Dental injury sustained by an adult

privat sikring

Please avoid using staples – use a paper clip instead! We will scan any enclosures

Policyholder

Name	
Address	
Postal code	Town/city
Email	

Claim no.

(to be completed by Privatsikring)

Policy no.
Tel. (home)
Tel. (work)
Social Security no.

Claimant	Name of claimant	Occupation
	Address	Tel.
	Postal code and town/city	
Bank details	Reg.no.	Account no.
Accident	When did the accident occur? Date and time	Where did the accident occur? Address
	The accident occurred	
	<input type="checkbox"/> During the claimant's spare time <input type="checkbox"/> While working for an employer	
	<input type="checkbox"/> On the employer's premises <input type="checkbox"/> While running an errand for an employer	
	<input type="checkbox"/> While working as a self-employed person (own business) <input type="checkbox"/> While travelling to/from work	
	How did the accident occur?	
	What caused the accident?	
	Was any other bodily injury sustained?	
	Where were you first examined after the accident?	When? (day/month/year)
	Had you consumed any alcohol, drugs, medicine or similar substances during the 24 hours prior to the accident? <input type="checkbox"/> No <input type="checkbox"/> Yes – please state what you consumed and how much	
Was the accident reported to the police? <input type="checkbox"/> No <input type="checkbox"/> Yes – please state the name of the police station		
Were you in perfectly good health and fit for work at the time of the accident? <input type="checkbox"/> No – please state why not <input type="checkbox"/> Yes		
What was your daily work at the time of the accident?		
Are you covered by any other accident insurance, for example a personal insurance or an insurance taken out via your workplace, a trade union or similar? <input type="checkbox"/> No <input type="checkbox"/> Yes – please state the name of the insurer Policy no.		
Are you a member of Sygeforsikringen "danmark" (Health Insurance Denmark)? <input type="checkbox"/> No <input type="checkbox"/> Yes – which group (1, 2, 5 or 8)		

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This is why you need to give your consent

Pursuant to the Danish Insurance Contracts Act, when you report a claim to Privatsikring Forsikring A/S ('Privatsikring'), you have a duty to provide Privatsikring with all available and relevant information

which may be of importance to the assessment of the injury and the calculation of the compensation.

Consent with regard to the collection and disclosure of information

I hereby consent to:

- Privatsikring collecting, using and disclosing information about me which Privatsikring deems necessary to assess my claim for compensation.
- The parties from whom Privatsikring has requested information disclosing such information.

From/to whom may information be collected/disclosed?

- Hospitals, physicians and other authorised health professionals.
- Public authorities, e.g. local authorities, the police and the Danish Working Environment Authority.
- Insurance companies, pension funds, Videncenter for Helbred og Forsikring (the Danish Centre of Health and Insurance) and the Danish Patient Compensation Association.
- Collaboration partners who perform assignments enabling Privatsikring to better assess my claim for compensation.

What information can be shared?

- Health information, including information about illnesses and any contact with the health care system.
- Social, financial and other information.

The consent applies to information obtained up until the time when Privatsikring makes a decision regarding my claim.

Time limit, notification etc.

My consent is valid for one year. I may at any time withdraw my consent and/or have any incorrect or misleading information corrected or deleted. The people involved in my case will be informed about my consent.

I will be notified every time Privatsikring obtains information. I will be informed as to why the information is obtained, what information is obtained and disclosed and for what period, and from whom the information is obtained.

Declaration relating to information

I hereby declare that the statements and information given are true in every respect. I am aware that any misrepresentation and non-disclosure may result in the compensation being reduced or not being paid.

Privatsikring's assessment of your information

Privatsikring will retain your information. Privatsikring may obtain additional information about you and your injury through publicly available media, sources and witnesses etc. in order to assess your claim. Privatsikring will retain the information for as long as it may be necessary in relation to your insurance and the claims made.

My consent and any information obtained will be processed in accordance with the provisions of the Danish Act on Processing of Personal Data.

Is the injured party under guardianship No Yes

If yes, please state the name and address of the guardian.

Guardian

Name	
Address	
Postal code	Town/city

Must be completed

Date	Injured party's signature	Guardian's signature (if the claimant is under the age of 18 or is under guardianship)
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To be submitted to:

Privatsikring, Ulykkeskade, Midtermolen 7, DK-2100 Copenhagen Ø – or via email to ulykkeskade@privatsikring.dk

Policyholder

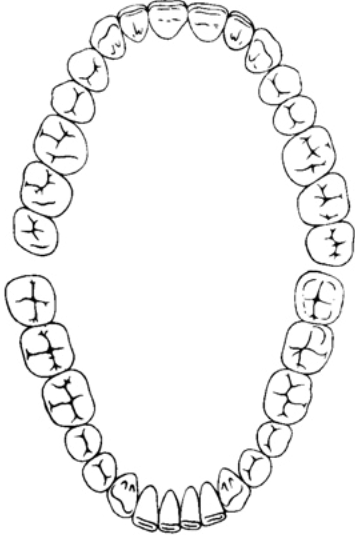
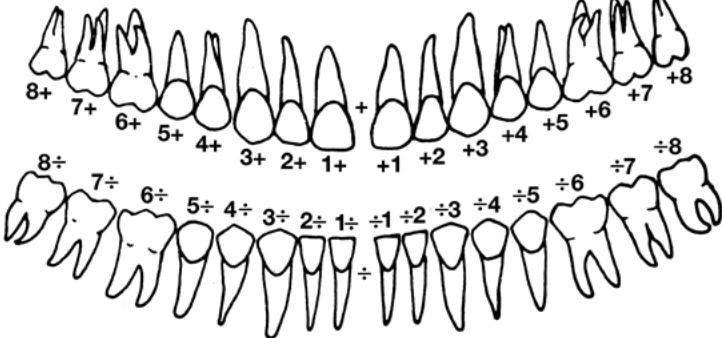
Name	
Address	
Postal code	Town/city
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Claim no.















Policy no.

Important!

- Always enclose X-rays and clinical photos to the extent necessary to illustrate/document the extent of the injury. (X-rays and clinical photos must be mounted and must include the recording date, patient data and name of the dentist, see the record-keeping guidelines prepared by the Danish Health and Medicines Authority and the Danish Dentist Association.
- The cover provided by the insurer is normally limited to reasonable and necessary expenses, i.e. expenses for restoring the patient's teeth to the same condition as before the injury. The extent of cover is described in the relevant insurance contract.
- If treatment is initiated prior to obtaining the insurer's approval, the dentist must inform the patient that he may have to bear the costs of treatment to the extent that the necessary cover is not in place.
- If the insured has not expressed his consent on the notification form, the insurer is responsible for obtaining such consent.

Patient	Patient's name		Social Security no.							
	Occupation									
	Date of the accident (day/month/year)		On what date did the patient first contact you in connection with the injury? (day/month/year)							
	Information provided by the patient about the cause of the injury									
	Was emergency treatment given by another dentist or an emergency department? <input type="checkbox"/> No <input type="checkbox"/> Yes – please state which and by whom? _____ dated X-rays enclosed (will be returned). Only in exceptional cases will claims without X-rays be processed. _____ clinical photos (please tick box) <input type="checkbox"/> Ordinary X-rays <input type="checkbox"/> Printout <input type="checkbox"/> Email <input type="checkbox"/> CD-ROM									
Information about the teeth being injured	Which teeth	Diagnosis	Condition prior to the injury						Periodontitis	
				Caries	Filling, surfaces	Crown			Apical	Marginal
		Intact	Surfaces	Material	Type	Material	Root treatment			
Diagrams	In connection with a tooth or root fracture, the fracture line must be marked in both diagrams. <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="text-align: center;"> <p>Right Left</p>  </div> </div>									
Other teeth	Condition of other teeth. (Any comments can be added below) <input type="checkbox"/> Regular dental care <input type="checkbox"/> Well-kept <input type="checkbox"/> Neglected <input type="checkbox"/> Caries <input type="checkbox"/> Periodontitis <input type="checkbox"/> Poor dental hygiene									
Other information	Other information that you may consider relevant (e.g. soft tissue damage, previous trauma) (can be continued after the list of the most common trauma diagnoses, if necessary)									

The following information is requested in connection with damage to dentures	Type and extent of the damage			
	Bodily injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of denture <input type="checkbox"/> Complete <input type="checkbox"/> Partial	Age of denture Year	Material
	Which teeth does the denture replace?		Defects already existing at the time of the accident	
Proposals for treatment	A. Emergency/preliminary treatment (specified)		Fee (DKK)	Proportion covered by the Danish Public Health Social Security (DKK)
	Total			
	B. Final treatment (specified estimate)		Fee (DKK)	Proportion covered by the Danish Public Health Social Security (DKK)
	Total			
Can final treatment be carried out at present? <input type="checkbox"/> Yes <input type="checkbox"/> No		Recommended period of observation		
Possible consequences				
Is the patient a member of Sygeforsikringen "danmark" (Health Insurance Denmark)? <input type="checkbox"/> No <input type="checkbox"/> Yes – which group				
Are you the patient's usual dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the patient covered by the Danish dental service for children and adolescents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Regarding injuries sustained by children and adolescents. As patients under the age of 18 are attended regularly and treated under the Danish dental service for children and adolescents, our dental injury cover is secondary.				
Bank details	Any payments can be transferred directly to your bank account. Please provide your bank registration no. and account no. below. The information will only be used in connection with this claim and is protected by our duty of confidentiality.			
	Reg. no.	Account no.		
Email	If you prefer to communicate via email, please state your email address here			
Dentist	Name		Address	
	Postal code and town/city		Stamp with tel. no.	
	Date and signature			
	Please state the civil reg. no. or CVR no. of the party receiving the fee in accordance with Danish tax legislation. Civil reg. no./CVR no.			
	This declaration is to be submitted by the dentist to Privatsikring's head office. The insurer's liability does not arise until the insurer has accepted the claim and the proposal for treatment received. This certificate, whose wording has been approved by the Danish Dental Association to be used in connection with insurance, is payable to the dentist by the insurer in accordance with the existing agreement.			

Any other information																																																																					
Trauma diagnoses, including an assessment of the risk of pulpal necrosis (PN) and progressive root resorption (RR) (inflammatory and ankylosed) as well as recommended minimum period of observation before restoration.																																																																					
	Infrafractio dentis	PN 3 %	RR 0 %	OBS* 3 months		Fractura coronae dentis non complicatae	PN 3 %	RR 0 %	OBS* 3 months		Fractura coronae dentis complicatae	PN 3 %	RR 0 %	OBS* 3 months		Fractura coronae et radices dentis non complicatae	PN ? %	RR 0 %	OBS* 6 months		Fractura coronae et radices dentis complicatae	PN ? %	RR 0 %	OBS* 6 months		Fractura radices dentis	PN 28 %	RR 1 %	OBS* 6 months		Fractura processus alveolaris	PN 45 %	RR 2 %	OBS* 6 months		Fractura maxillae et mandibulae	PN 25 %	RR 3 %	OBS* 6 months		Concussio dentis	PN** 6 %	RR 0 %	OBS* 3 months		Subluxatio dentis	PN** 15 %	RR 2 %	OBS* 3 months		Extrusio dentis	PN** 25 %	RR 6 %	OBS* 6 months		Luxatio lateralis dentis	PN** 62 %	RR 3 %	OBS* 6 months		Intrusio dentis	PN** 90 %	RR 35 %	OBS*** 1 year		Avulsio dentis	PN 92 %	RR 70 %	OBS*** 1 year
* Before restoration is initiated, a pulpal vitality test should be performed. If the tooth is vital and x-rays do not show any signs of progressive root resorption, restoration may be initiated.																																																																					
** The percentages have been calculated on the basis of luxations with or without crown fracture.																																																																					
*** Restorations will always involve a significantly increased risk of complications during recovery.																																																																					
For more detailed information, please refer to www.dentaltraumaguide.org (Illustrations taken from JO Andreasen 2003)																																																																					