



# AIA SINGAPORE GROUP DENTAL PPO-PLUS CLAIM FORM (NON-PANEL DENTIST) Corporate Solutions

3 Tampines Grande, #07-00, AIA Tampines, Singapore 528799, Fax: 6538 5603 / 6538 4340, Email : sg.eb.claims@aia.com

## Dental Claim Procedure

1. Claims should be submitted within 30 days with original bills and tax invoices.
2. Original bills and tax invoices must show the patient's name and date of treatment's and must have the attending physician's stamp and signature.
3. Please attach referral letter if any.

### Part A : To be completed by Employee & Dependant (if is a dependant's claim)

Company Name (Policyholder) :			Policy No :
1) Name of Employee		NRIC / Passport No.	Date of Birth (DD/MM/YY)
Occupation	Date of Employment (DD/MM/YY)	Employee ID / No.	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
Contact No.	Email Address		
2) Name of Patient (if patient is dependant)		NRIC / Passport No.	Date of Birth (DD/MM/YY)
Occupation	Relationship to Employee Spouse <input type="checkbox"/> Child <input type="checkbox"/>		Gender Female <input type="checkbox"/> Male <input type="checkbox"/>

### Part B : Details of Treatments

Date of Consultation (DD/MM/YY)	Type of Dental Treatments		Amount Incurred
	ADA	Procedures	Quantity
	J00	<b>Examination</b>	
	J09/J11	<b>X-Ray</b> : Intraoral or Bitewing	
	J13	Panorex	
	JPA	<b>Prophylaxis</b> : General Scaling / Polishing	
	JPB	Complex	
	J28	<b>Amalgam (Silver Fillings)</b> : 1 surface	
	J29	2 surfaces	
	J30	3 or more surfaces	
	J34	<b>Fillings (Tooth-Coloured)</b> : 1 surface	
	J35	2 surfaces	
	J36	3 or more surfaces	
	J38	<b>Root Canal Treatment</b> : Single Root Canal Filling } Payable	
	J39	Double Root Canal Fillings } only after	
	J40	Three / More Canal Fillings } completion	
	J20	<b>Extractions</b> : Routine ( Simple )	
	J41	<b>Surgical Extractions</b> : Erupted tooth or root	
	J24	Soft tissue impaction	
	J26	Part bony impaction	
	J25	Completely bony impaction	

### Part C : Claims Payment Details (If is via GIRO, the bank details provided herein has to be Employee's bank account)

Note: AIA reserves the rights to issue payment via cheque where appropriate

<input type="checkbox"/>	Bank Name	Branch Code	Bank A/C No.																
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### Part D : Declaration and Authorisation

(This part must be signed by the patient or patient's parent / legal guardian if the patient is below 21 years of age).

a) I/We hereby authorize, agree and consent to AIA Singapore to request from any hospital, physician, person or organization, all information with respect to any illness, injury, medical history, and copies of all hospital or medical records concerning myself at any time and authorize the prior mentioned organizations to disclose all such information to AIA Singapore.

b) I/We consent to AIA Singapore, its associated persons/organisations, third party service providers and representatives, whether within or outside Singapore (collectively "AIA Persons") to collect, use, disclose, store, retain and/or process (collectively, "Use") all personal data and information ("Personal Data") provided to AIA Persons or that they possess about me/us, in the manner and for the purposes described in the AIA Personal Data Policy ("PD Policy") which is available on AIA Singapore's website.

I/We agree to accept the provisions in the PD Policy as amended from time to time. Where Personal Data of another person is disclosed by me/us, I/we confirm that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws to collect, use and/or disclose such Personal Data. I/We waive (on my/our own behalf and on behalf of each such other person) any right to claim against any of the AIA Persons for any Use in the nature of or for the purposes described above or in the PD Policy. I/We will indemnify AIA Persons for all losses and damages if I/we breach these provisions.

c) This consent shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not our Application/form is accepted by AIA Singapore. A photocopy of this consent shall be valid and effective as the original.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Patient (if is a dependant)

\_\_\_\_\_  
Date (DD/MM/YY)

### Part E : To Be Completed by Employer

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Company's Name & Stamp

\_\_\_\_\_  
Date (DD/MM/YY)



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