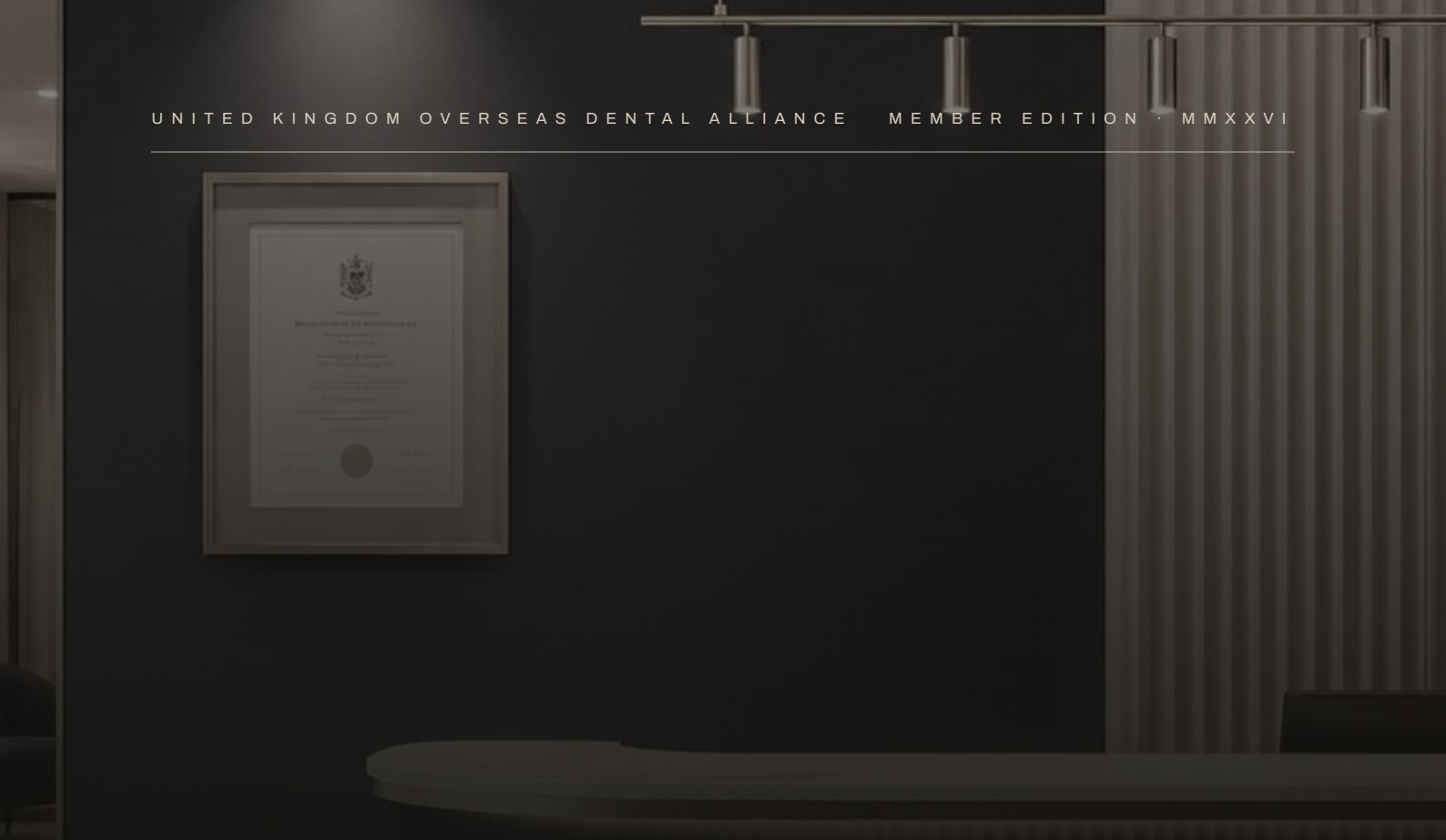

Good clinics compete. *Trusted clinics are chosen.*

A handbook for Turkish dental clinics treating patients from the United Kingdom — on standards, continuity and the architecture of trust.

UKODA

Member Handbook · For Clinics Treating UK Patients

WWW.UKODAUK.COM

CONTENTS

A handbook built around the questions clinics *actually* ask.

I

The case for *continuity*.

PART ONE · PAGES 04–10

Clinical skill is the foundation. But the decision to travel abroad for dental treatment is shaped by everything around the dentistry — and by one question the patient asks last, and remembers longest.

Trust is not a claim. It is an *experience*.

International patients do not judge a clinic only by what happens in the treatment room. Clinical skill is the foundation. But the decision to travel abroad for dental treatment is also shaped by everything around the dentistry: how clearly the treatment is explained, how confidently questions are answered, how accurately the journey is planned, and what happens when the patient is hundreds or thousands of miles away from the clinic.

A clinic can say it offers excellent aftercare. A patient may still ask what that means in practice. Who answers at night? Who looks at the X-ray? Who decides whether the problem can be managed locally? Who speaks to the insurer? Who keeps the original clinic informed?

UKODA is designed to make trust operational: standards before treatment, communication throughout the journey, UK-side clinical access when required, insurance-supported pathways and coordinated continuity of care after the patient goes home.

The difference between a promise and a system is what happens when the patient actually needs it.

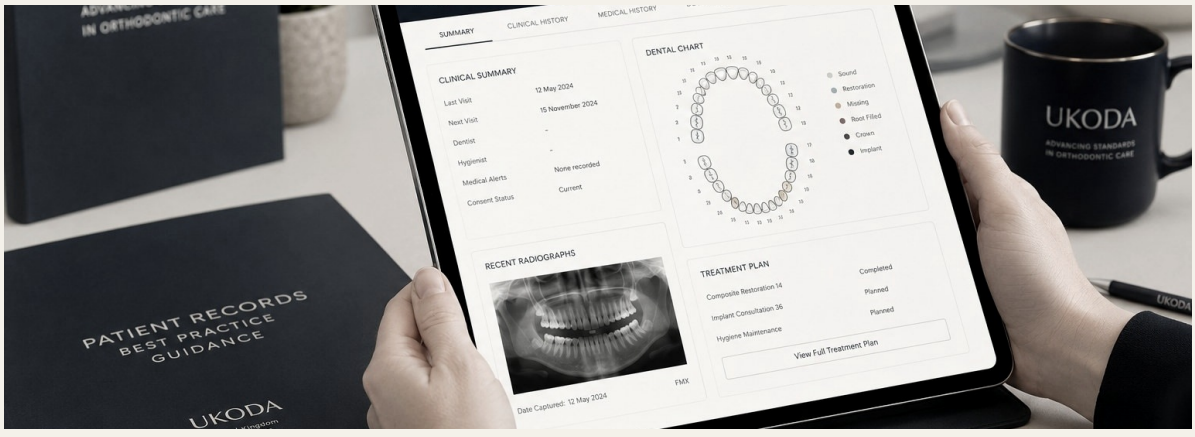

PLATE I THE RECORD TRAVELS WITH THE PATIENT ILLUSTRATIVE · NOT DIAGNOSTIC

What happens if I have a problem when I'm *back in the UK?*

For many patients, this question can matter as much as price, materials or the treatment plan itself. The patient may love the clinic. They may trust the dentist. They may have read hundreds of positive reviews. Yet the distance between Turkey and the United Kingdom creates one final hesitation.

A chipped restoration may be clinically minor. A bite adjustment may take minutes. But to a patient at home, without a familiar dentist and without a clear plan, a small problem can quickly feel like a major one.

REASSURANCE BY WORDS

"Just message us and we will try to help."

A sentence in a quotation. It asks the patient to trust a promise, and it places the entire burden of the next step on them.

REASSURANCE BY STRUCTURE

A named route. A defined *next step*.

A UK dentist where assessment is required, a triage standard, an insurer, and a clinic that stays informed throughout.

COORDINATOR RULE

UKODA gives the member clinic a stronger answer at exactly this point in the decision — not a guarantee that nothing will go wrong.

You may already have everything a great clinic needs.

Excellent dentists. Premium materials. Advanced technology. A strong laboratory. A beautiful environment. Experienced coordinators.

Those things matter enormously — but your patient in the UK has not experienced any of them yet. Before travelling, the patient sees websites, reviews, photographs, treatment plans and prices. Competitors may make almost identical claims.

The challenge is not only delivering clinical quality. It is communicating enough certainty for a patient to believe in that quality from another country.

WHAT UKODA ADDS

- Independent standards and accreditation
- A defined UK support route
- Access to UK dental assessment when clinically required
- An insurance-supported patient pathway
- A communication structure that keeps the originating clinic connected

Clinical excellence gives the patient a reason to be impressed. Continuity gives them a reason to feel safe.

Your competitor is not only another clinic. It is *uncertainty*.

Distance magnifies questions that would feel simple if the patient were still sitting in your reception. When these questions are answered slowly or inconsistently, the clinical problem is no longer the only problem.

Communication becomes part of the patient experience, and the patient begins to judge the entire treatment through the way the concern is handled.

Who do I contact?

The familiar coordinator remains the first point of contact; a central UKODA route exists as a second.

Is this urgent?

Clinical triage appropriate to urgency, rather than the patient self-assessing at midnight.

Do I need an X-ray?

Assessment determines what imaging is required, and where it can be obtained.

Can somebody see me tonight?

Out-of-hours escalation where a genuine urgent clinical concern requires it.

Do I have to fly back to Turkey?

Not every problem needs another flight. The pathway follows the clinical need.

Will my clinic know what was found?

Findings return to the originating clinic. The case does not fragment.

Distance should change where the patient is — not whether the patient feels supported.

UKODA is not another badge.

The badge is the visible part. The real value is the system behind it — six elements most Turkish clinics would find difficult to build independently in the United Kingdom.

I	Accreditation	A structured review of standards, documentation and readiness before the member mark is issued.
II	Beforecare	Better information and clearer patient preparation before the patient ever boards the flight.
III	UK Clinical Access	Assessment and appropriate local or emergency care when the patient needs to be seen in person.
IV	Insurance Support	A patient-purchased policy designed around the realities of overseas dental treatment.
V	Coordination	One case pathway connecting the patient, the clinic, the UK dentist and the insurer.
VI	Continuity	The originating clinic stays involved when definitive care belongs with it.

Your clinic gains a UK support presence without having to build a UK clinic.

ACCREDITATION	SUPPORT MODEL	UK AFFILIATES	POST-TREATMENT
Independent review	24 / 7	c. 26	1-year check-up

VI. CARE STARTS BEFORE THE FLIGHT

Aftercare works best when it begins *before* treatment.

UKODA's Client Charter starts at the first point of contact, not at the first complaint.

The patient journey is stronger when expectations, diagnostics, costs, travel and aftercare are clarified before the patient arrives in Turkey. The existing Client Charter places pre-treatment support and planning alongside post-treatment care.

A STRONGER BEFORECARE EXPERIENCE CAN INCLUDE

- UK-based clinical advice and appropriate pre-treatment imaging
- A transparent dental quotation and understandable procedure explanations
- A clear itinerary covering travel, transfers and accommodation
- Details of the treating dentist and UKODA membership
- A documented aftercare plan
- Clear information about the relevant insurance policy

The safest complication pathway is the one that has already been thought through before a complication exists.

SOURCE ALIGNMENT

UKODA Client Charter. Final operational wording should match the live charter at print sign-off.

Clarity before treatment is part of patient *protection*.

Not every risk can be removed. Confusion can.

International patients are particularly vulnerable to misunderstanding because clinical decisions, travel arrangements, payment expectations and aftercare responsibilities are all compressed into one journey.

UKODA membership can help clinics standardise how important information is presented: what treatment is planned, what may change after clinical examination, what the patient should expect during recovery, how to contact the clinic, and what UK support is available after they return home. This is not about adding more paperwork. It is about removing avoidable uncertainty.

FOR THE CLINIC, THAT MEANS

- More consistent patient communication
- Fewer gaps between sales, coordination and clinical teams
- Clearer expectations before travel
- A stronger record of what the patient was told
- A more credible answer when a patient asks about aftercare before booking

Better communication is not separate from care. In international dentistry, it is part of care.

II

The working *system*.

PART TWO · PAGES 12–20

One patient. One case. Four parties who need to be looking at the same information — and a clear answer to who decides what, and when.

UKODA-supported. Still connected to the clinic they *chose*.

The patient enters a support and insurance pathway without leaving the originating clinical relationship.

Once the relevant UKODA support and insurance pathway is activated, the patient can be described as UKODA-supported. That support may include UK-side coordination, dental assessment, insurance navigation and a defined route back to the originating clinic when definitive treatment is required in Turkey.

The wording matters. UKODA is not intended to take ownership of the patient relationship. The originating clinic remains the clinic that treated the patient, knows the case history and remains connected to continuing care.

This is one of the strongest answers to a concern Turkish clinics are likely to raise: joining a wider UK network should strengthen continuity with their patient, not create a new commercial route away from them.

UKODA supports the relationship around the patient. It does not replace the relationship.

TREATED BY	SUPPORTED BY	ASSESSED BY	COVERED BY
The originating clinic	UKODA	A UK dentist, where required	The patient's own policy

The patient should know who to contact. The system should know what to do *next*.

Keep the patient-facing journey simple. Manage the complexity behind it.

For most cases, the familiar clinic coordinator is the most reassuring first contact. The patient already knows that person, and the clinic already understands the treatment history.

The clinic can then hand the case to UKODA using a concise case summary: patient details, treatment history, presenting concern, relevant photographs or X-rays, urgency and treating dentist notes where required.

From there, UKODA can coordinate the UK-side pathway: contact the patient, arrange appropriate assessment, connect with the insurer where necessary and keep the originating clinic informed. For genuine emergencies, out-of-hours situations or when the clinic cannot be reached, the patient should also have a direct central UKODA support route.

THE CONCISE CASE HANDOVER

- Patient details and treating dentist
- Treatment history and dates
- Presenting concern, in the patient's words
- Relevant photographs or radiographs
- Urgency as assessed by the clinic
- Clinical notes where required

One contact point, with the complexity managed behind the scenes.

One patient. One case. Everyone *connected*.

International aftercare becomes difficult when the story fragments.

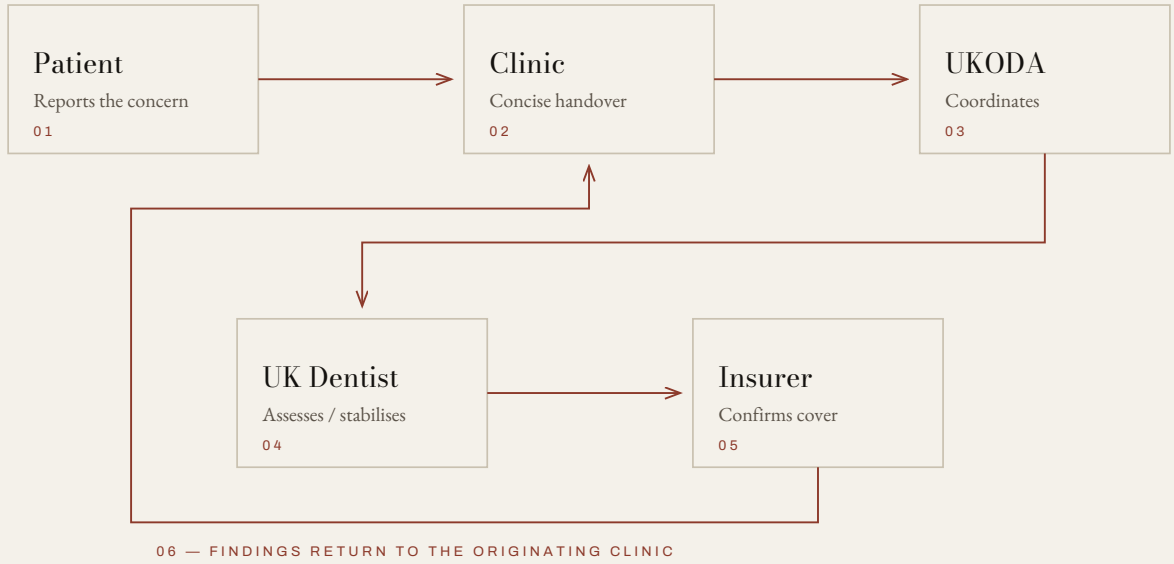

FIGURE I THE WORKING LOOP

The patient should not have to explain the same treatment repeatedly to different people. The UK dentist should not be making decisions without the relevant history. The Turkish clinic should not discover later that another provider has already intervened.

No repeating the story. No searching for help alone. No broken communication chain.

CLINICAL DECISIONS
Dental professionals

FINANCIAL COVER
The insurer

COORDINATION
UKODA

DEFINITIVE CARE
The originating clinic

Problems do not wait for office hours.

A meaningful support promise needs more than a phone number.

A 24/7 support model has been confirmed, together with the ability to arrange out-of-hours dental assessment where an urgent clinical concern requires it. UKODA currently references a developing network of around 26 UK dental affiliates.

The strongest message is not that everything is immediate. It is that the patient receives a response, appropriate clinical triage and a route to urgent assessment based on the seriousness of the problem and the patient's location.

THE SERVICE MODEL IS DESIGNED AROUND

- Immediate acknowledgement of the patient concern
- Clinical triage appropriate to urgency
- Access to a UK dentist where assessment is required
- Out-of-hours escalation for genuine urgent clinical concerns
- Communication back to the originating clinic

Support becomes valuable when the patient knows there is a next step.

PRINT HOLD
Final response-time SLA must be confirmed before publishing any specific number of minutes or hours.

A UK dentist when the patient *needs* one.

The first objective is not to decide "UK or Turkey." It is to understand what is happening.

The UK pathway is intended to provide meaningful local clinical access rather than telephone reassurance alone.

UK ASSESSMENT OR MANAGEMENT MAY INCLUDE

- Examination and consultation
- Dental X-rays and clinically required CBCT
- Emergency pain management and prescriptions
- Assessment of swelling, infection, soft-tissue and healing concerns
- Recementation of loose crowns or bridges where appropriate
- Occlusal or bite adjustment
- Selected denture, temporary restoration or PMMA support
- Emergency stabilisation before return to Turkey where required

MAY REQUIRE A RETURN TO THE ORIGINATING CLINIC

- Major crown fractures
- Root canal treatment
- Significant implant problems
- Definitive implant-prosthetic treatment

DEPENDING ON THE CASE

Clinical findings, available tooling, complexity and cost all shape the correct route.

Assess first. Then choose the right pathway.

Support should not disappear once the immediate recovery is over.

The current Client Charter includes a free one-year check-up at a UKODA affiliate dentist.

This is one of the most commercially powerful parts of the patient proposition because it moves aftercare away from being purely reactive.

The patient is not only being told what happens if something goes wrong. They are being shown that there is a planned UK touchpoint after treatment — an opportunity for review, reassurance and continuity in the country where they live.

WHY THIS MATTERS TO A MEMBER CLINIC

— It gives the sales team a tangible aftercare benefit to explain before booking

— It demonstrates that UKODA support is not limited to emergencies

— It gives the patient a clearer sense that somebody remains accessible after treatment

— It can create earlier visibility of concerns before they become larger problems

Aftercare is stronger when it includes planned contact — not only crisis contact.

SOURCE ALIGNMENT

UKODA Client Charter. Confirm eligibility rules and operational process before final print.

Everybody has a role. Nobody should have to *guess* it.

The model is strongest when clinical decisions, financial authorisation and coordination are kept distinct.

1	**UK DENTIST**	Assesses the patient in the United Kingdom and makes the immediate clinical judgement within their professional scope.
2	**ORIGINATING CLINIC**	Consulted where the original treatment is relevant, and remains responsible for qualifying definitive remedial treatment in Turkey where the issue falls within its agreed responsibility.
3	**INSURER**	Determines what is financially eligible under the policy and confirms applicable authorisation or reimbursement.
4	**UKODA**	Coordinates the pathway so that the patient, clinic, UK dentist and insurer remain connected — and the agreed next step actually happens.

Dentists decide clinically. The insurer authorises financially. UKODA makes the pathway move.

Less waiting. Less uncertainty. Faster access to *appropriate* care.

A planned pre-authorised treatment list could become one of the most important operational advantages in the model.

The insurance framework is intended to include a pre-authorised list of common remedial treatments that participating UK dentists can provide without waiting for a new claim decision every time.

The patient benefit is straightforward: when a problem is already stressful or uncomfortable, avoidable administrative delay should not become another problem.

FOR MEMBER CLINICS, THIS CAN MEAN

- A clearer route from assessment to treatment
- Less time spent chasing authorisation for common eligible issues
- Greater confidence for the coordinator explaining what happens after treatment
- A more consistent experience across participating UK providers

The best aftercare system is one that has already decided how common problems should move through it.

PRINT HOLD

Described as planned / developing. The final approved treatment list must be confirmed by the insurer before specific treatments are printed as pre-authorised.

The right care does not always mean the same *location*.

Every issue can be assessed. Definitive treatment depends on what the patient actually needs.

I	Typically suitable for UK assessment	Examination, imaging, pain management, prescriptions, swelling or infection assessment, soft-tissue and healing concerns, minor chip polishing, loose crown or bridge assessment, recementation, bite adjustment and selected temporary or denture support.
II	Typically requiring definitive care in Turkey	Root canal treatment or retreatment, bridge fracture requiring definitive replacement, significant implant complications, implant failure and major implant-prosthetic complications.
III	Case dependent	Complete crown replacement, cosmetic crown damage, broken screws, abutment-related problems, PMMA and temporary prosthetic repairs may depend on clinical findings, tools, complexity and cost.

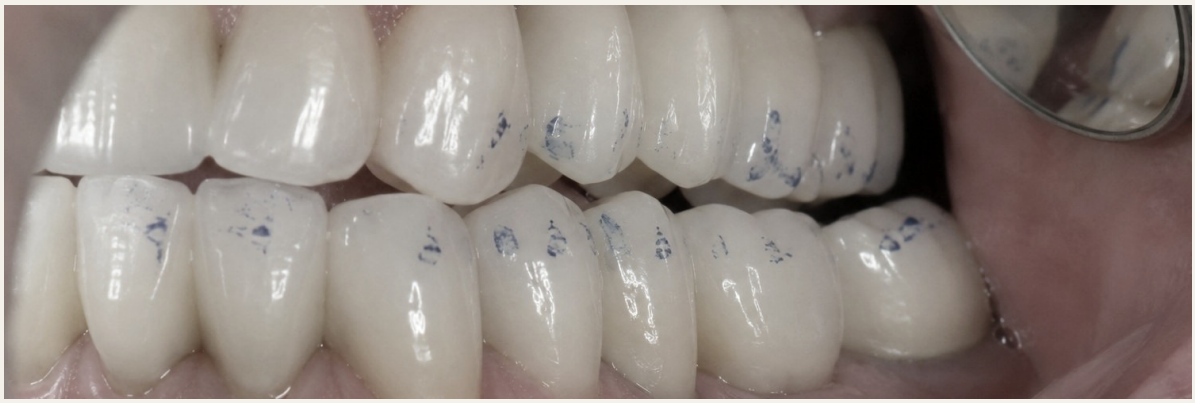

PLATE II OCCLUSAL ASSESSMENT ILLUSTRATIVE · NOT DIAGNOSTIC

The pathway follows the clinical need — not a simplistic "UK or Turkey" rule.

III

When something needs *attention*.

PART THREE · PAGES 22–27

Three pathways drawn from the problems patients most often report after returning home — and what a structured response looks like in each.

When a small problem *stays* small.

A patient returns to the UK and reports that a crown feels loose.

PLATE III LOOSE CROWN OR BRIDGE ILLUSTRATIVE · NOT DIAGNOSTIC

1	**WHAT THE PATIENT NEEDS**	Reassurance and a prompt clinical assessment — not an automatic international journey.
2	**WHAT UKODA COORDINATES**	The clinic provides the case history, UKODA arranges an appropriate UK assessment, and the originating clinic remains informed.
3	**WHAT MAY HAPPEN NEXT**	Where clinically suitable, a loose crown or bridge can be recemented in the UK. A very small chip may be polished locally. If the problem is more extensive than first reported, the pathway can change after assessment.

Not every problem needs another flight.

Pain and swelling need clarity before they need *geography*.

A patient develops pain, swelling or signs of infection after returning home.

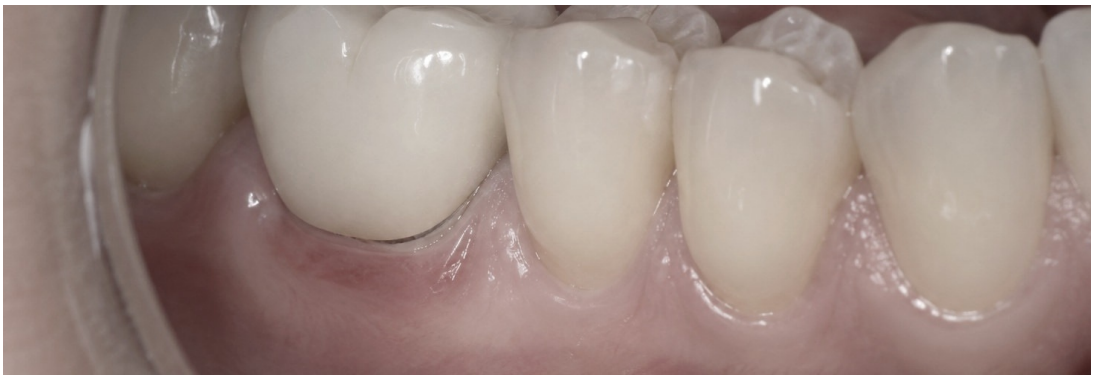

PLATE IV POST-TREATMENT SWELLING ILLUSTRATIVE · NOT DIAGNOSTIC

1	**FIRST**	The concern enters the UKODA support pathway and is triaged according to urgency.
2	**THEN**	A UK dentist can examine the patient, obtain appropriate imaging, assess infection or healing, prescribe where clinically indicated and manage pain or other urgent concerns.
3	**NEXT**	If local management is sufficient, care continues in the UK. If findings suggest a complication requiring definitive treatment in Turkey, the originating clinic is consulted and the patient enters the return pathway.

The first step is clarity.

REAL-WORLD CARE PATHWAY 03

When the right next step is *Turkey*.

A significant implant-related concern is where the entire system has to work together.

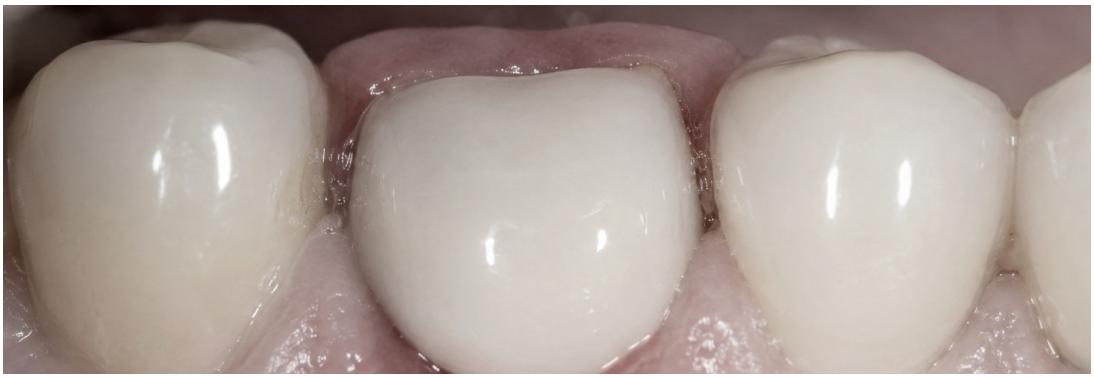

PLATE V IMPLANT-RELATED CONCERN ILLUSTRATIVE · NOT DIAGNOSTIC

1	**UK ASSESSMENT**	A UK dentist examines the patient and obtains appropriate diagnostics to determine whether the issue is soft tissue, prosthetic, screw-related, abutment-related or a true implant failure.
2	**CLINICAL DISCUSSION**	Findings are shared with the originating clinic. Appropriate stabilisation can be provided in the UK where clinically necessary.
3	**RETURN**	Where definitive implant treatment is required, the patient returns to the originating clinic. Eligible travel and accommodation support may apply under the policy.
4	**DEFINITIVE CARE**	The originating clinic provides the qualifying remedial dental treatment under its own responsibility where the issue falls within its agreed obligations.

The patient knows what happens next — and who is responsible for making it happen.

Insurance supports the journey — not the remedial dentistry in *Turkey*.

The distinction must be clear enough that neither the clinic nor the patient misunderstands the model.

The policy is purchased directly by the patient through the authorised insurance broker. This is important because UKODA and the Turkish member clinic are not positioned as the insurer or as insurance distributors.

Current discussions reference approximately £1,500 for eligible treatment in the United Kingdom and £2,000 where an eligible return to Turkey is required. For an eligible return, support is intended to relate to costs such as economy flights, hotel accommodation and airport transfers. A daily food contribution of approximately £50 for eligible patients in non-all-inclusive accommodation has also been discussed.

The remedial dental treatment in Turkey is not funded by the policy. It is carried out by the originating clinic under its own responsibility where the case falls within the clinic's agreed remedial obligations.

ELIGIBLE UK TREATMENT	ELIGIBLE RETURN TO TURKEY	DAILY FOOD CONTRIBUTION	REMEDIAL DENTISTRY
£1,500	£2,000	£50	Clinic

Insurance supports the return. The clinic provides the remedial care.

PRINT HOLD

Final limits, exclusions, allowance, policy duration and renewal terms require insurer sign-off. ORCA Medical Travel Cover is the current insurance brand referenced.

The patient can be UKODA-supported without becoming somebody else's *patient*.

Continuity is a membership benefit — not a threat to the clinic relationship.

The concern Turkish clinics may raise is understandable: once a patient enters a UK network, could their data, future treatment or referrals eventually move elsewhere? The stated position has been explicit that this is not the intention of the model.

Each case can remain linked to the originating clinic. UK providers are there to assess, stabilise and provide authorised aftercare — not to turn the patient into an unrelated elective treatment opportunity.

THE PRINCIPLE

- The originating clinic stays informed of material developments
- Continuing or elective treatment is referred back where clinically appropriate
- The UK pathway exists to support continuity of care
- The patient relationship is not transferred simply because UK aftercare is used

Your patient. Your relationship. Our support.

UKODA should strengthen the clinic–patient relationship, not *compete* with it.

This principle needs operational rules behind the marketing message.

THE FINAL FRAMEWORK SHOULD PROTECT

- No solicitation or poaching of member-clinic patients through the aftercare pathway
- No use of patient data for unrelated marketing
- UK providers working within the authorised assessment, emergency and aftercare scope
- The originating clinic being kept informed of relevant clinical developments
- Every patient or case remaining linked to the originating clinic within the UKODA system
- A clear data-sharing framework between UKODA, the insurer, UK providers and the Turkish clinic

Patients receiving UK-side care may also be required to sign appropriate documentation protecting the UK dentist in relation to surgery originally carried out overseas.

Trust between UKODA and its member clinics is as important as trust between the clinic and the patient.

LEGAL REVIEW REQUIRED

Patient data, indemnity, non-solicitation and continuity wording should be approved before print.

IV

The commercial *case*.

PART FOUR · PAGES 29–35

What membership allows your clinic to say — and then deliver. Accreditation, the member experience, and the questions a clinic owner is likely to ask before they have to ask them.

UKODA does not promise to bring you *patients*.

It gives the patients you already reach a stronger reason to choose you.

That distinction makes the proposition more credible and, in practice, more commercially useful. A UK patient comparing Turkish clinics may see excellent doctors, premium implant brands, modern technology and attractive packages everywhere.

UKODA creates differentiation around a different question: which clinic has thought seriously about what happens after the patient returns home?

WITHOUT A STRUCTURED PATHWAY

- Aftercare is a sentence in a quotation
- Objections handled by reassurance
- Complications become logistics

WITH UKODA

- A named route with defined roles
- Objections handled by process
- Complications become a pathway

The value is not simply being a member. The value is what membership allows your clinic to say — and then deliver.

A complication does not automatically define a clinic. The *response* often does.

Problems can occur in excellent dentistry. Silence, confusion and poor communication are different.

A clinical concern can be relatively straightforward and still become a serious patient-experience problem if the patient feels ignored, passed between people or forced to solve the logistics alone.

The reverse is also true. Fast acknowledgement, clear communication, local assessment and a visible plan can change how a patient experiences a difficult moment.

UKODA CAN HELP MEMBER CLINICS CREATE

- A consistent escalation route
- Better handover between coordinator and clinical teams
- Documented communication with UK providers
- A clearer distinction between reassurance, emergency stabilisation and definitive treatment
- A structured return pathway when Turkey is clinically appropriate

The standard is not the absence of complications. It is the quality of the response.

Trust is stronger when it is *independently* validated.

Membership should begin with more than a payment and a logo.

The onboarding framework sets out a structured process including document review, clinic inspection, accreditation, UK aftercare integration, insurance guidance, staff training, member materials and ongoing review.

THE REVIEW MAY INCLUDE

- Health-tourism licences and registrations
- Dentist and clinical-team qualifications
- Professional indemnity documentation
- Clinical facilities and equipment
- Patient treatment, consent and record-keeping procedures
- Complaints and aftercare policies
- Infection prevention and control
- International patient experience and regulatory documentation

WHAT YOUR CLINIC GAINS

- Independent validation
- Stronger patient confidence
- Greater international credibility
- A clearer operational standard for treating UK patients

BOUNDARY

Membership and accreditation must not be presented as a guarantee of clinical outcome, or as endorsement of an individual treatment plan.

Accreditation turns a claim of quality into a process of validation.

Joining UKODA should feel like the beginning of a *partnership*.

Every stage should explain not only what the clinic must do, but what the clinic gains.

The current Member Journey already provides a structured path from membership confirmation through document collection, inspection, approval, aftercare integration, insurance guidance, training, launch and ongoing review.

THE EXPERIENCE CAN GO FURTHER

- A digital Welcome Pack with key contacts, certificate, brand guidance and a First 30 Days guide
- A reception plaque, digital member badge, website assets, social launch pack, patient leaflet and UK support QR card
- Training on British patient expectations, communication, quotations, consent, complaints and emergency handover
- Ongoing operational updates, patient feedback, aftercare-performance information and compliance review
- Member newsletters, webinars, networking and recognition as the community develops

A digital version of this handbook, downloadable free from the UKODA website, has also been proposed — extending the handbook from a print piece to a living member resource.

Membership should feel valuable on day one — and more valuable as the network develops.

Clear answers build *confidence*.

The handbook should answer the questions a clinic owner is likely to ask before they have to ask them.

Does our patient become UKODA-supported?

The patient becomes UKODA-supported within the relevant support and insurance pathway while remaining clinically linked to the originating clinic.

Who buys the insurance?

The patient purchases it directly through the authorised broker. A clinic may choose to reimburse a proportion of the cost, but it does not activate the policy on the patient's behalf.

Who should the patient contact first?

Usually the clinic or coordinator they already know. For urgent situations, or when the clinic cannot be reached, the central UKODA support route provides a second route.

Who makes the decision?

The dental professionals make clinical decisions, the insurer determines eligible financial cover, and UKODA coordinates the agreed pathway.

Is UKODA just an accreditation badge?

No. Accreditation is the visible standard; the wider member proposition combines beforecare, UK access, insurance support, communication and continuity.

Does UKODA replace our aftercare or coordinator?

No. It extends them with a UK-side operational pathway.

Membership is easiest to sell when the clinic itself has no unanswered questions about it.

Insurance without turning the clinic into an *insurance desk*.

The details clinics will want clarified before they explain the protection pathway to patients.

Can the clinic include the insurance premium in the treatment package?

The policy must be purchased and activated directly by the patient through the authorised broker. A clinic may choose to reimburse a proportion of the premium, but should not act as the insurance provider.

Does the insurance pay for the remedial dental treatment in Turkey?

No. Where definitive remedial treatment falls within the originating clinic's responsibility, that treatment is provided by the clinic under its own indemnity rather than funded by the insurer.

What does eligible return-to-Turkey support pay for?

The current model includes eligible economy flights, hotel accommodation and airport transfers. Where applicable, a daily food allowance may also apply. Final limits remain subject to insurer confirmation.

How does the patient receive eligible insurance money?

The patient claims directly to the insurer and receives any approved payment directly from the insurer. The clinic does not need to become part of the claims-payment chain.

Is there a fixed maximum number of hotel nights?

No fixed number of nights has been confirmed. There is an overall financial limit for eligible travel and accommodation, and flights are expected to be limited to economy travel.

Can the patient extend the insurance later?

Renewal or extension arrangements are still being discussed. The intended direction is that any later extension is handled by the patient rather than creating an ongoing administrative task for the clinic.

INSURANCE INFORMATION

www.orcamedicaltravelcover.com — final terms subject to insurer confirmation.

Clear roles prevent *confusion*.

The model works when clinical responsibility, financial authorisation and coordination stay clearly separated.

Who decides whether the patient is treated in the UK or returns to Turkey?

The UK dentist assesses the immediate clinical need, the originating clinic is consulted, the insurer confirms eligible financial cover, and UKODA coordinates the agreed pathway. Clinical decisions remain with the dental professionals.

Does a UK dentist always have to wait for a new claim approval before treating?

A pre-authorised list of common remedial treatments is being developed so that eligible care can proceed with less unnecessary delay. The final list and authorisation process remain subject to insurer confirmation.

What happens outside normal working hours?

The pathway is designed around 24/7 support and urgent escalation. Where clinically necessary, out-of-hours assessment can be arranged. Exact response standards should follow the final operational protocol.

Could our patient's data be used for unrelated marketing?

No. Patient information should be used only for the authorised case, care coordination and the relevant insurance or clinical pathway, subject to the final UKODA data-sharing framework.

Is there a risk of losing our patient to the UK network?

The model is built around continuity with the originating clinic. UK providers support assessment, emergency care and authorised aftercare; the pathway is not intended to become a separate patient-acquisition route.

Does UKODA replace our clinic coordinator?

No. The coordinator remains the familiar link who knows the patient and treatment history. UKODA gives that coordinator a UK-side operational system and takes over the coordination that would otherwise be difficult to manage remotely.

MEMBER INFORMATION

www.ukodauk.com — data-sharing framework subject to legal review.

The standard is not just the dentistry. It is what happens *next*.

Connecting Turkish dental excellence with UK patient protection — through a system that keeps care connected after the patient goes home.

UKODA gives clinics a stronger way to earn trust before treatment, a clearer way to support patients after treatment and a structured way to manage the moments when something needs attention. It gives the patient access to help. It gives the clinic continuity. It gives the UK dentist context. It gives the insurer a defined route.

For clinics treating UK patients, the next competitive advantage will not be another promise of quality. It will be the ability to prove that quality continues when distance begins.

Because trust should travel further than the treatment itself.

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UKODA

Accreditation · Continuity · Confidence

FINAL PUBLICATION HOLD
Insurer and legal review required for insurance, 24/7 service commitments, data-sharing language, patient continuity protections and clinic remedial obligations.