



...peace of mind for whatever is beyond your horizon

Assistance & Claims Procedure

PLANNED IN-PATIENT & DAY-PATIENT TREATMENT

In the event of a planned admission to a hospital, you are required to obtain pre-authorisation prior to admission. **If planned in-patient or day-patient treatment is not pre-authorised, we reserve the right to decline your claim. If the respective treatment is subsequently proven to be covered under the terms and conditions of your policy, we will only pay 50% of the eligible benefits.**

To help us process the direct settlement of your medical expenses as soon as possible, please follow the guidelines below. If you have any questions, please contact our **Helpline on +353 1 629 7140**.

You are requested to contact our Medical Services Department at least FIVE working days prior to admission. This will allow us to arrange the pre-authorisation of your treatment and will also ensure a smooth admission process.

Please send a fully completed Treatment Request Form at least FIVE days prior to treatment ensuring that your Medical Provider and Doctor complete all questions in sections 4 and 5, by:

- Scanning and emailing to medical.services@allianzworldwidecare.com
- Fax to + 353 1 653 1780 or
- Post to ALC Health Claims, Medical Services Department, Allianz Worldwide Care, 18B Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

Failure to complete this form fully will delay our ability to authorise your treatment as we may have to revert to you or the medical provider for further information. The Treatment Request Form can be downloaded from our website www.alchealth.com, alternatively if you have a Prima Ibérica policy please visit www.prima-iberica.eu.

EMERGENCY ADMISSIONS

While pre-authorisation is not required in advance of emergency treatment, we should be informed within 48 hours of the event to ensure that no pre-authorisation penalty is applied. This will give us the opportunity to arrange the direct settlement of your hospital bills, where possible, and will ensure that your claim can be processed without any delays.

Please note that our Helpline can accept Treatment Requests over the phone if treatment is due to take place within 72 hours. Please have as many details as possible ready to give over the phone, including the contact details of your doctor.

OUT-PATIENT TREATMENT

Please follow the guidelines below to help us process your claims promptly and efficiently.

Out-patient treatment is generally paid for by the patient at the time of receiving treatment and the costs incurred are then recovered from us.

We recommend the following steps in making an out-patient, dental, optical or routine health management claim:

- Whenever you visit a medical practitioner, dental practitioner, physician or specialist on an out-patient basis, please make sure you take a Claim Form with you.
- Fill in the section that is assigned to you, then date and sign the Claim Form. Make sure that your medical practitioner, dental practitioner, optician, physician or specialist provides all relevant medical information in the specified section and then dates, signs and stamps the Claim Form.
- Attach all original supporting documentation, invoices and receipts to the Claim Form (e.g. medical practitioner/physician invoices) and post to ALC Health Claims team, details as

follows: ALC Health Claims, Medical Services Department, Allianz Worldwide Care, 18B Beckett Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

In the case of physiotherapy and complementary medicine, where treatment is dependent on recommendation from a Medical Practitioner, the Medical Practitioner must complete the medical certificate on the Claim Form.

- Remember a separate Claim Form will be required for each new medical condition.
- Specify on the Claim Form the currency in which you wish to be paid; otherwise the benefit due to you will be paid in the currency of the invoice. Where a currency conversion is required, the rate will be that prevailing at the date of the invoice.

GENERAL CLAIMS INFORMATION

All documents and materials (including but not limited to original accounts, certificates and x-rays) that we require to support a claim shall be provided without expense to us (including if requested by us a medical report from the insured person's medical practitioner or specialist and details of the insured person's medical history prior to any claim). In cases where medical information is required to complete the claim, you/your medical practitioner will automatically be notified by email or mail as soon as the case has been reviewed by our medical department.

Claims may only be made for treatment actually given during a period of cover and benefit will only be available for expenditure incurred prior to expiry or termination of such cover.

An insured person must, without delay, give us written notification of any claims or right of action against any third party arising out of circumstances which gave rise to a claim under this policy and must continue to keep us fully informed in writing and take all steps reasonably required in making a claim upon that other party. To the extent permissible under the laws of your country of residence, we shall be entitled to take legal action in any insured person's name for our own benefit and claim for indemnity or damages or otherwise which relates to any benefits and costs paid or payable under this policy. We shall have full discretion in the conduct of any such proceedings and in the settlement of any claim.

CONTACT DETAILS

Treatment Requests for In-patient and Day-patient treatment

ALC Health Claims
Medical Services Department
Allianz Worldwide Care
18B Beckett Way
Park West Business Campus
Nangor Road
Dublin 12
Ireland
T + 353 1 629 7140
F + 353 1 653 1780
E medical.services@allianzworldwidecare.com

For general claims queries

Claims Department Contact Details:
ALC Health Claims
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