

# Payment Terms & Conditions

Private Client

Underwritten by SiriusPoint International Insurance Corporation (publ)



Your Policy is an annual contract and runs for twelve months from the commencement date or renewal date. You are responsible for the whole year's premium even if we have agreed that you pay by instalments. Please refer to General Conditions 1 and 2 of your Policy Wording. Premiums must be received by the same payment frequency and in the currency of your policy for each premium instalment unless you notify us of a change at the annual renewal of your policy. For the avoidance of doubt, premiums should be paid directly to us by the Policyholder and not through a broker or an intermediary.

**Payment must be received by the due date** (commencement date or renewal date or the quarterly or monthly instalment date as shown on your Certificate of Insurance). ALC Health do not accept liability for any payments made by other methods or for any payment which does not clearly identify the policyholder.

## Suspension of Claims

The settlement of claims may be suspended from the **seventh day** after the due date on which the premium due is outstanding.

If we are placed in a position where we have to suspend claims then any emergency or planned admission to Hospital will not be covered until such time as the premium has been paid. Again, any treatment incurred and claims submitted for out-patient treatment after the due date will not be reimbursed until payment has been received.

If payment remains outstanding after 21 days from the due date we reserve the right to cancel your policy.

## Payment by Bank Transfer

It is essential that the bank transfer is marked with your company name as we cannot be held responsible for unallocated transfers. Any charges incurred in using a bank transfer facility are the responsibility of the company requesting the transfer.

Account Name: ALC Health  
Address: HSBC UK BANK PLC, 1 Centenary Square, Birmingham, B1 1HQ, United Kingdom

	GB (£) Payments	Euro (€) Payments	Dollar (US\$) Payments
Account Number	72028093	70552801	70552793
Sort Code	40 47 25	40 12 76	40 12 76
SWIFTBIC Code	HBUKGB4B	HBUKGB4B	HBUKGB4B
IBAN Code	GB24HBUK40472572028093	GB04HBUK40127670552801	GB26HBUK40127670552793

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## Payment by Credit/Debit Card

To make a credit/debit card payment please contact us via our [Secure Message Centre](#) OR call us on + 44 (0) 1903 817970

If you choose to pay your premiums by Credit or Debit Card, whether annually or by quarterly or monthly instalments, at the policy renewal date we will automatically collect the premium due from the card details already notified to us, unless you advise to the contrary prior to renewal date. ALC Health reserves the right to debit your account up to 4 days in advance of the instalment/renewal date with the appropriate premium. **Please ensure we are in possession of your current card and expiry date details as non-collection of premium may result in the cancellation of your cover.**

## Payment by SEPA Direct Debit

(Euro policies only from a bank account in either Austria, Belgium, Cyprus, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Monaco, Netherlands, Portugal, Slovenia, Slovak Republic and Spain).

If you wish to pay by SEPA Direct Debit please contact us for a SEPA Direct Debit mandate.

If you pay your premiums by SEPA Direct Debit, whether annually or by quarterly or monthly instalments, at the policy renewal date we will automatically collect the premium due from the account notified to us, unless you advise to the contrary **prior to renewal date**.

The creditor name that will appear on your bank statement will be Chase Paymentech Europe Ltd.

Creditor identification number GB70ZZZSDDCHAS00000041317119.

ALC Health reserves the right to debit your account up to 4 days in advance of the instalment/renewal date with the appropriate premium.

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### HEAD OFFICE

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