

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

Self-Certification Form

For instructions on how to claim, please read the notes below.

Complete all sections of the Self-Certification Form. Please complete this form in block capitals. Ensure that all relevant invoices and receipts are attached. Please note that photocopies are not accepted.

Guidance notes for policyholders

Failure to answer all questions and include all required documentation will result in this self-certification form being returned to you for completion and may delay in the processing of your claim.

1. This self-certification form is not an admission of liability.
2. For audit purposes, we will retain invoices connected with your claim. We will supply you with photocopies on request.
3. The declaration on this self-certification form must be signed and dated.
4. If you have any questions regarding this form, please feel free to contact us by Telephone +44 (0)1892 504234 Fax +44 (0)1892 508256 or www.alchealth.com/claims.htm
5. Please send all completed/signed correspondence to: ALC Health Claims, AXA PPP International, PO Box 428, Tunbridge Wells TN2 9ND United Kingdom or fax to +44 (0)1892 508256 or upload via our website www.alchealth.com/claims.htm

1 Policyholder's and patient's details

1.1 Policy/Customer Number

1.2 Patient's first name

1.3 Patient's Surname

1.4 Patient's address

1.5 Policyholder's name

1.6 Patient's telephone number (daytime/evening)

1.7 Patient's Email address

2 Payment details

We normally settle eligible invoices direct with the hospital and medical practitioner concerned. **Please check with the hospital if they will be paid directly by AXA PPP International and if so, please do not complete this section.** If the invoices we receive from you have not been paid we will do that automatically. If you have paid the invoices then we will reimburse you direct.

2.1 Currency for claim to be paid in

2.2 Bank account number

2.3 Bank name and postal address

2.4 Country

2.5 IBAN*

2.6 Swift code*

2.7 Account name

2.8 ABA number

*Note: the IBAN and Swift codes are required if payment is to be made in Euros

3 Verification of accounts

All invoices and/or proof of payments made, medical certificates, correspondence or documents related to this/these claims should be attached to this Self-Certification Form. (Where possible we will pay the in-patient bills directly to the hospital). Please list dates and type of treatment, invoice value and advise if you have paid any. Failure to do so may result in a delay in your claim being paid.

3.1

4 Claim details

You must make sure that all information you give us is true, accurate and complete. If we discover later it is not, then we may cancel your policy or refuse your claim and we will recoup any monies we have paid in respect of that medical condition.

4.1 Have you ever had or been treated for this type of injury or illness before? Yes ☐ No ☐

If yes, please give details below.

4.2 How did the condition begin? State fully all symptoms and describe the condition in detail from the beginning. For accidents, include how, when and where the accident occurred.

4.3 Please give brief details of the condition, from when you first became aware of it.

4.4 If this claim is related to pregnancy: is the pregnancy a result of natural conception? Yes ☐ No ☐

5 Additional information

5.1 Hospital details

Are you claiming cash benefit for in-patient treatment received without charge? Yes ☐ No ☐

If yes, please state the admission and discharge dates and enclose a certificate from the hospital confirming the dates of the stay.

Admission date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Discharge date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

5.2 Third party involvement

Is the treatment because of an injury caused by an accident? Yes ☐ No ☐

5.3 If yes, did it involve a third party you may be making a claim against? Yes ☐ No ☐

5.4 Do you have any other insurance policy that could also cover your costs, for example a travel cover policy? Yes ☐ No ☐

Patient's details

Patient's name

Policyholder's name

Patient's date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Policy/Customer number

6 Declaration and consent (To be completed by the patient)

AXA PPP International are the underwriters and claims administrators for this policy.

I confirm I have read the information in this form. I wish to make a claim and declare that all the information I have given you is, to the best of my knowledge, true and correct.

- I consent to AXA PPP International reviewing the information on this form.
- I consent to AXA PPP International requesting medical information, if needed, from the patient's medical practitioner and/or hospital.
- I consent to the medical practitioner and/or hospital providing medical reports and access to copies of such health records as may be requested by AXA PPP International. This is so that AXA PPP International can:
 - a deal with the application/claim for benefit;
 - b undertake audits and other investigations; and
 - c process and share medical information with third parties where there is a legal requirement to do so.
- I consent to AXA PPP International reviewing the information in any medical reports or health records that may be requested.
- I consent to the medical practitioner, and/or hospital involved in the patient's care reviewing medical or treatment details and discharge arrangements with AXA PPP International.

I agree that AXA PPP International will send all further correspondence about this claim to the policyholder, unless I ask you not to.

6.1 I declare that I am the patient Yes ☐ No ☐

6.2 Is the patient under 16 years of age? Yes ☐ No ☐

6.3 If yes, I declare that I am the patient's parent/guardian Yes ☐ No ☐

6.4 I wish to see any report from the medical practitioner before it is sent to you. Yes ☐ No ☐

6.5 Signed*

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

6.6 Patient's full name

(*To be signed by the patient or parent/guardian if the patient is under 16)

Checklist (Tick the appropriate boxes in this section)

- ☐ 1 Completed the patient's details (Section 1)
- ☐ 2 Completed the payment details (Section 2/3)
- ☐ 3 Completed the claim details (Section 4)
- ☐ 4 Completed the additional information (Section 5)
- ☐ 5 Completed the declaration and consent (Section 6.1-6.4)
- ☐ 6 Signed and dated the form (Section 6.5-6.6)

If you have any questions about this form, please feel free to contact us by Telephone +44 (0) 1892 504234 Fax +44 (0) 1892 508256 or send your query/upload your form at www.alchealth.com/claims.htm

Alternatively please return this form to:

AXA Health Claims
AXA PPP International
PO Box 428
Tunbridge Wells
TN2 9ND
United Kingdom

7 Important information

Please read carefully and keep for your records (you do not need to return this page).

Access to Medical Reports Act 1988:

You need to understand these rights before you agree to us requesting a report from the medical practitioner treating you. These rights do not relate to reports from practitioners who are not responsible for treating you. Also, when we ask for information from your medical records such as a copy of your medical notes, only the first point applies.

- You can withhold your consent, but if you do so, we might not be able to process your claim.
- If we need a report we will write to you to tell you the date it was requested.
- You can indicate in the box in section 6 Declaration and consent 6.4 of this form if you would like to see any report from the medical practitioner before it is sent to us. You have 21 days from the date of our request to do this and it is up to you to contact the medical practitioner. If you change your mind before the report has been sent to us, you can contact your medical practitioner to see it. You have 21 days from the date of our request to do this.
- If you disagree with the information in the report, you can contact the medical practitioner to change it. If the medical practitioner does not agree with you, they will ask you to write a statement to be attached to the report that is sent to us.
- You can ask the medical practitioner to see the report at anytime within six months of the medical practitioner sending it to us.
- Your medical practitioner may charge you for a copy of the report. This charge is not covered by your scheme/policy.
- Your medical practitioner does not have to show you parts of the report if they think it could cause harm to your physical or mental health.
- If the report includes information about someone else, the medical practitioner will not show you that part of the report.
- If the medical practitioner does not want you to see part of their report, they will tell you in writing, but you can still view other parts of the report.

Data Protection Act 1998:

Information about health, medical history and any treatment that you have is sensitive personal information.

- We need your consent to process your sensitive personal information.
- You are entitled to receive information we hold about you. We may make a small charge for providing this.
- You can write to us to ask for a copy of any personal information contained in an independent report we have requested.
- If you would like a copy of a medical report that your medical practitioner has sent to us, you will need to contact them directly.
- Your claims may be processed in confidence on our behalf, outside the European Economic Area.
- We will send all claims correspondence to the policyholder unless you ask us not to.

Auditing and the prevention and detection of crime.

We may audit the records of medical practitioners and hospitals to:

- Ensure that we are being correctly billed for their services;
- Prevent and detect crime, particularly fraud; or
- Review the performance of specialists.

Audits may be part of a programme or in response to a specific circumstance and may involve reviewing customers' medical records held by the person or organisation being audited.

We may need to share information that we receive with third parties. This includes medical experts, other insurers, the NHS Counter Fraud Security Management Service and the General Medical Council. We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crimes.

This may involve adding non-medical information to a database that will be viewed by other insurers and law enforcement agencies. We are required to notify the General Medical Council or other relevant regulatory body about any issue where we have reason to believe a medical provider's fitness to practice may be impaired.

www.alchealth.com

HEAD OFFICE

Chanctonfold Barn Chanctonfold Horsham Road
Steyning West Sussex BN44 3AA United Kingdom
T +44 (0) 1903 817970 F +44 (0) 1903 879719
www.alctravel.eu www.prima-iberica.eu

EUROPEAN OFFICE

Centro Plaza Oficina 10
Planta 1 Nueva Andalucia
29660 Marbella Málaga Spain
T +34 952 93 16 09
F +34 952 90 67 30 CIF N0069627H

MALTA OFFICE

210/2 Triq Manwel Dimech
Sliema SLM 1050
Malta
T +356 999 91038



AXA PPP International is a trading name of AXA PPP healthcare limited

Registered office: 5 Old Broad Street London EC2N 1AD. Registered in England and Wales. Registered number in England 3148119. Authorised and regulated by the Financial Services Authority.

ALC Health is a trading style of à la carte healthcare ltd

Registered in England no 4163178. Registered Office: A2 Yeoman Gate Yeoman Way Worthing West Sussex BN13 3QZ United Kingdom à la carte healthcare limited is authorised and regulated by the Financial Services Authority