Medical Information Form

This form allows us to:

1 review your claim and request a medical report or discuss your treatment with your medical practitioner or hospital if we need further information about your claim; and
2 carry out checks or audits to ensure the information that has been sent to us is correct.

Please complete the form in block capitals.

Patient's details (To be completed by the patient)

Policy/Customer Number

First name

Surname

Date of birth
d d m m y y y y

Address

Telephone number

Email address

1 Payment details (To be completed by the patient)

We normally settle eligible bills direct with the hospital and medical practitioner concerned. If you have paid the accounts, then we will require receipts and you will need to complete your payment details in the section below so we can reimburse you direct.

1.1 Currency for claim to be paid in

1.2 Bank account number

1.3 Bank name and postal address

1.4 Country

1.5 IBAN*

1.6 Swift code*

1.7 Account name

1.8 ABA number

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

2 Additional information (To be completed by the patient)

2.1 **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

2.2 **Third party involvement**
Is the treatment because of an injury caused by an accident? Yes ☐ No ☐

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

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

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GLOBAL HEALTH INSURANCE

3 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.

3.1 **I declare** that I am the patient Yes ☐ No ☐

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

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

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

3.5 Signed*

Date

d d m m y y y y

3.6 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**
- ☐ 2 **Completed the payment details** (Section 1)
- ☐ 3 **Additional information details** (Section 2)
- ☐ 4 **Completed the declaration and consent** (Section 3.1-3.4)
- ☐ 5 **Signed and dated the form** (Section 3.5-3.6)
- ☐ 6 **Completed the medical details** (Section 4)

Patient' s details (To be completed by the patient)

Policy/Customer Number

Patient's name

Claim number

Patient's date of birth

d d m m y y y y

4 Medical details (To be completed by the patient's medical practitioner)

4.1 Medical condition requiring consultation/treatment

4.2 If claim is related to a pregnancy

Is the pregnancy as a result of natural conception? Yes ☐ No ☐

Is this the patient's first pregnancy? Yes ☐ No ☐

Has the patient had any previous pregnancy related complications? Yes ☐ No ☐

4.3 How long has the patient had symptoms prior to visiting the medical practitioner?

4.4 The date your patient first presented to any medical practitioner?

d d m m y y y y

4.5 Please give a full history of the medical condition requiring treatment, including details of any previous and current investigation/treatment/medication together with any relevant dates.

4.6 Please confirm if the patient has sought treatment or advice with any medical practitioner, or received any medication, or followed any special diet over the two years prior to the date this episode started.

Yes ☐ No ☐ If yes, please give details below

4 Medical details (To be completed by the patient's medical practitioner) contd.

4.7 Please give any other medical history relevant to the condition being claimed for.

4.8 Future treatment plan, including intended length of treatment and likely dates of treatment sessions.

I am the patient's medical practitioner and confirm the information I have provided is correct to the best of my knowledge.
I understand that the accuracy of the information provided may affect my patient's claim for private treatment.

Medical practitioner's signature

Date

d d m m y y y y

Practitioners stamp

Print Name

Telephone

Fax

Email

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

5 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 3 Declaration and consent 3.4 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.

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TR 5115 21/11/11