# Well-being • Vaccinations • Optical claim form



Underwritten by certain Underwriters at Lloyd's

#### Filling out this form

- Use this form to make a claim for Well-being / Vaccinations or Optical treatment.
- Make sure you answer all the questions and sign the declaration.
- · Please write clearly using capital letters.
- If you have any questions, call us on +44 (0) 330 333 6686

#### What's next?

Send your completed form to us together with any invoice or receipts using **one** of the following options. Please note that you must keep your original invoices and receipts for 6 months for audit requirements other than sending by post when originals should be included, in which case photocopies should be kept.

Online: www.alchealth.com/claims.htm

**Email:** claims@alchealth.com **Fax:** +44 (0) 330 333 6687

**Post:** ALC Health Claims Team, Global Response Ltd

PO Box 1114 Cardiff CF11 1UL

United Kingdom

### Policyholder and patient's details Patient's details Title Patient's postal address ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other Patient's first name(s) Patient's surname Postcode Country Patient's email address Date of birth (DD-MM-YYYY) Patient's Customer and Policy Number Policyholder's details Policyholder's first name(s) Patient's contact numbers Policyholder's surname M: Payment details If you have paid the invoices, we will refund you to the account you give below. Have you already provided Global Response with your payment details? No ▶ Please complete the rest of this section ☐ Yes ▶ Go to section 3 Currency to be paid in Account name Account number Sort code **IBAN** Bank name and address Swift code ABA number

Country

Postcode:

3 Description of expense				
Please confirm which benefit you are claiming: Well-being If claiming for Optical, please confirm if your prescription has claiming for new glasses or contact lenses please provide brief details of the treatment received or tests carried of	hanged Yes	No 🗌	า	
Please provide a breakdown of the invoices being submitted in				
	Invoice reference Number	Invoice Date	Amount (including currency)	
Experise incurred	Terefer Number	Date	(including currency)	
4 Declaration and consent				
ALC Health, on behalf of their underwriters Ca Global Response to manage claims on their be		g Agencies Lin	nited, have appointed	
I confirm I have read the information in this form. I wish to ma a claim and declare that all the information I have given you is the best of my knowledge, true and correct.	l wish to see to you	☐ I wish to see any report from the medical practitioner before it is sent		
– I consent to Global Response reviewing the information in any		information via email  Patient signature (to be signed by the parent/guardian if the patient is under 16)		
<ul> <li>medical reports or health records that may be requested.</li> <li>I consent to Global Response sharing the medical and health information contained in this form, a health record or any medical reports with the underwriters, Catlin Underwriting Agencies Limited, and ALC Health.</li> </ul>	ation	are (to be signed by the	e parenizguardian ii the patient is under Toj	
<ul> <li>I consent to the medical practitioner, and/or hospital involved in patient's care reviewing medical or treatment details and dischargements with Global Response.</li> </ul>	ge	Date signed (DD-MM-YYYY)		
<ul> <li>I declare that I am the patient</li> <li>▶ if the patient is under 16, a parent or guardian should mark th box and sign below on behalf of the patient</li> </ul>	Patient name			

#### **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 4 Declaration and consent 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.

#### **General Data Protection Regulation (GDPR):**

## 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.
- If you would like to know what information we hold about you or to request erasure, please contact us.
- For a full description of how we gather and use your personal information and your rights under GDPR, please review our Privacy Policy at https://alchealth.com/privacy.htm

## 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.

Catlin Underwriting Agencies Limited is the managing agent of Syndicate 2003.
Catlin Underwriting Agencies Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA). (Firm Reference No 204848).
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