BUPA GLOBAL CLAIM FORM

IMPORTANT INFORMATION

For quicker handling of your claim, simply log in to your Membersworld account and either complete a digital version of this claim form, or complete the mandatory fields as shown on the 'submit a claim' section. Alternatively, you can return this form with original or copied invoices by post to: **Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK.**

To prevent delay with the handling of your claim, please complete all sections of the claim form clearly. The form should be returned to us within 2 years of the initial treatment date. **Please write clearly in black ink and BLOCK CAPITALS.**

Please complete a new / separate claim form for:

- ○ each patient
- ○ each in-patient / day-stay case
- ○ each medical condition
- ○ each reimbursement currency

We are unable to return original documents, but we will be happy to provide certified copies on request.

Before submitting the claim please refer to the checklist at the end of the form.

1 PATIENT'S DETAILS *(to be completed by the person undergoing treatment)*

Patient membership number:

BI - - -

Group name (if applicable):

Title:

First name:

Family name:

Other names:

Date of birth: D D M M Y Y

Age last birthday:

Current correspondence address:

Building:

Street:

Town / city:

Area code:

PO Box:

Region:

Country:

Email:

Telephone (Please include country code, area code and number):

Do you want all future correspondence sent to this address? Yes ○ No ○

If posting your claim to us, would you like an email acknowledgement to confirm receipt of your claim? Yes ○ No ○

If yes to email, please write your email address clearly here

2 CLAIM/MEDICAL DETAILS

(all sections must be completed by the Medical Practitioner in overall charge of the patient's treatment where possible, otherwise it should be completed by member)

In which country did the treatment take place?

What is the currency of the invoice?

What is the total amount of the claim?

Medical Details:

Reason for treatment / visit to medical practitioner, such as your symptoms and diagnosis if known:

Is the treatment related to: Wellness/preventative ◯ Maternity ◯ Oncology ◯ Dental ◯

Onset date when symptoms first noticed by patient: D D M M Y Y

When did the patient first see a doctor?: D D M M Y Y

Details of treatment received, including operations and medications:

Medical Practitioner's details:

Name:

Speciality/Qualifications:

Address:

Email:

Telephone (Please include country code, area code and number):

Hospital admission details (if applicable):

Admission date: D D M M Y Y Discharge date: D D M M Y Y

Hospital name:

Address:

Email:

Telephone (Please include country code, area code and number):

Medical practitioner's signature

Print Name: Date: D D M M Y Y

3 CASH BENEFIT

The hospital should complete this section if there were no charges for your overnight admission, and your plan includes a cash benefit

I confirm that .....
was in hospital from ..... to .....
And this admission was free of charge

The hospital needs to stamp this claim form here:

4 PAYMENT DETAILS

IMPORTANT INFORMATION

We can settle claims in over 80 currencies. This must be in one of the following; (i) the currency in which you pay your premium (ii) the currency of the invoices you send us or (iii) the currency of your bank account.

Who would you like us to pay? (tick one only)

Doctor	Hospital/Clinic	Patient/Member (enclose proof of payment)	Group/Company (enclose proof of payment)
○	○	○	○

Please complete either Section A or Section B
Section A – Payment by Electronic Funds Transfer to a bank account

Bank name:	
SWIFT / BIC code:*	
Sort code (UK only):	- -
Account number:	
FULL IBAN NUMBER:*	
Account name / payee:	
Currency for the transfer:	
Bank address:	
Post / Zip code:	
Country:	

***To process your payment as quickly and securely as possible, we strongly recommend this option as a preferred payment method. Please provide both your IBAN and the SWIFT code of your bank branch. Your bank will be able to provide you with this information if necessary.**

We recommend that bank transfers are made in the currency of your bank account. If you submit a claim and have asked us to pay you, your benefit will be paid less the amount of deductible or co-insurance applicable to your plan. If you have asked us to pay the provider, and an annual deductible or co-insurance applies to your cover, the shortfall will be collected using your direct debit or credit card. If you are part of a company plan, we will send payment to the medical provider for the eligible claim. We will deduct from this payment the remaining annual deductible or co-insurance on your membership. You are responsible for paying any shortfall to the provider after your claim has been assessed and paid. To find out if you have a co-insurance or deductible on your plan, please refer to your membership certificate. To find out more about how co-insurances and deductibles work please refer to your membership guide

Section B - Payment by cheque

In which currency would you like us to pay the cheque (please tick one only)

○ Currency of your invoices ○ Currency of your premiums ○ Currency of your bank account

○ Other, please specify:

Cheques payable to members will be sent by post to the correspondence address provided on the front page

5 THIRD PARTY INSURERS

Are some of the costs recoverable from someone else (for example, state insurer or a person / organisation involved in an accident?): Yes ◯ No ◯

Name:	
Address:	
Email:	
Telephone (Please include country code, area code and number):	

6 YOUR CONSENT TO OBTAIN A MEDICAL REPORT

IMPORTANT INFORMATION

In order to process your claim, we may need to apply for a medical report from any doctor who has attended you. To apply, we need you to give your consent by signing the declaration below.

Please read this section carefully, as it sets out your rights under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (NI) Order 1991.

If you receive treatment in the UK, you can choose from three courses of action.
1. You can give your consent without asking to see the doctor's report before it is sent to us. The report will then be sent directly to us by the doctor.

2. You can give your consent, but ask to see any report before it is sent to us, in which case you will have 21 days, after we notify you that we have requested a report from the doctor, to contact your doctor to make arrangements to see the report. If you fail to contact the doctor within 21 days, they will be entitled to send the report direct to us. If however you contact your doctor with a view to seeing the report, you must give the doctor written consent before they can release it to us. You may ask your doctor to change the report if you think it is misleading. If your doctor refuses, you can insist on adding your own comment to the report before it is sent to us.
Should you give your consent to us obtaining a report without indicating that you wish to see it, you can change your mind by contacting your doctor before the report is sent to us, in which case you will have the opportunity to see the report and ask the doctor to change the report or add your comments before it is sent to us, or withhold your consent for its release.

3. You can withhold your consent but, if you do, please bear in mind that we may be unable to accept your claim.

Whether or not you indicate that you wish to see the report before it is sent, you have the right to ask your doctor to let you see a copy, provided that you ask them within six months of the report having been supplied to us.

Your doctor is entitled to withhold some or all of the information contained in the report if (a) they feel that it may be harmful to you or (b) it would indicate their intentions in respect of you or (c) would reveal the identity of another person without their consent (other than that provided by a health professional in their professional capacity in relation to your care). Your doctor may also make a reasonable charge for their services

The undersigned authorises and requests any hospital, specialist, physician or other health provider to furnish Bupa or its duly authorised agent acting on Bupa's behalf with such information as Bupa or that agent may seek from them in connection with any treatment or other services provided to me or my dependant for the purpose of Bupa considering this claim.

If you are receiving treatment in the UK, by signing this form you are confirming that:
I have been advised of my rights under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (NI) Order 1991.

If you receive treatment in the UK please indicate below if you wish to see a copy of the medical report before it is sent to Bupa:
I do wish to see a copy of any medical report before it is sent to Bupa. ◯
I do NOT wish to see a copy of any medical report before it is sent to Bupa. ◯

7 PRIVACY NOTICE

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. Fuller details can be found in our Full Privacy Notice available at: www.bupaglobal.com/privacypolicy. If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Global service team on +44 (0)1273 718 379. Alternatively you can email or write to the team via info@bupa-intl.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom. If you have any questions about how we handle your information, please contact us at info@bupa-intl.com

Information about Bupa Global

In this privacy notice, references to "we" or "us" or "our" are to Bupa Global. For company contact details, visit www.bupaglobal.com/en/legal/gb/legal-notices

1 Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services ("you", "your"), via any channel (e.g. email, website, telephone, app).

2 Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (e.g. those acting on your behalf, like brokers, healthcare providers). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

3 Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (e.g. information we use to contact you, identify you or manage our relationship with you); and special categories of information (e.g. health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

4 Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and in order to protect the rights, property, or safety of Bupa Global, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third party's legitimate interests or it is required or permitted by applicable law.

5 Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in some cases, using technology to provide you with automatic responses or decisions. You can read more about this in our Full Privacy Notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making. Further details are available in our Full Privacy Notice.

6 Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (e.g. brokers and other intermediaries) and with others who help us provide services to you (e.g. healthcare providers) or from whom we need information to handle or verify claims or entitlements (e.g. professional associations). We also share your information in accordance with the law.

7 Transfers outside of the European Economic Area (EEA)

Bupa Global deals with many international organisations and uses global information systems. As a result, Bupa Global transfers your personal information to countries outside of the European Economic Area ("EEA"), that is the EU member states and Norway, Liechtenstein and Iceland, for the purposes set out in this privacy notice.

8 How long we retain your personal information

Bupa Global retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

9 Your rights

You have rights to have access to your information and to ask us to rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produces legal effects concerning you or similarly significantly affects you.

10 Data Protection Contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupa-intl.com.

You also have a right to make a complaint to your local privacy supervisory authority. Bupa Global's main establishment is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)

8 DECLARATION

IMPORTANT INFORMATION - TO BE COMPLETED BY THE PATIENT

I confirm that the information I have given on this form is accurate, correct and complete, to the best of my knowledge. I give explicit consent on behalf of myself or the patient (if acting on the patient's behalf) for the doctors and any other medical providers responsible for my treatment, care or other services provided to me, to provide Bupa Global or its service partners with any information requested in connection with this claim or any past claim, for the purpose of considering, processing, auditing or otherwise handling this claim.

Patient's signature (Parent or guardian if patient is under 16)

Print Name:																						Date:	D	D	M	M	Y	Y

If you have any queries regarding your claim, log onto our website www.bupaglobal.com/membersworld or contact our customer services team on:

- Telephone: +44 (0) 1273 323 563
- Fax: +44 (0) 1273 820 517
- Email: info@bupa-intl.com

Email is used for your convenience and speed, but we cannot always guarantee the security of this method of communication. You need to be aware that some companies and countries do monitor email traffic. You need to take this into account when choosing to use this method of communication.

CLAIM CHECKLIST

Please review the following checklist and ensure that the information and supporting documents are provided, where applicable:

- ◯ Clear, readable and unobscured documents (photocopied receipts should not obscure any details, clear handwriting, etc)
- ◯ Symptoms and/or diagnosis
- ◯ Prescription for pharmacy and optical claims
- ◯ Final itemised invoice to include treatment dates, description and cost of each service provided (please note we cannot accept interim or estimate invoices)
- ◯ Complete payment instructions including payment currency
- ◯ Proof of payment for member/group/company paid claims
- ◯ Signature, name and date provided for Medical declaration (Section 8)

Please, note that we may need to request additional information to complete the assessment of your claim.

Members: You will be able to track the progress of your claim on our MembersWorld website (https://membersworld.bupaglobal.com)

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