Claim form

Bupa

How to send us a claim

You can send us a claim:

- **Using your MembersWorld account.** You can complete a digital version in the 'submit a claim' section. (This is the quickest option).
- **By post.** You can type directly into this form or write clearly in block capitals using black ink. Return it with original or copied invoices to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK.

Please complete all sections of this form clearly to avoid any delays and return it to us as soon as you can (ideally within two years of your treatment date).

Please complete a new or separate claim form for:

- each patient
- each in-patient or day-case stay
- each medical condition
- each claim currency

We're unable to return original documents, but we're happy to provide certified copies if you need them. Before sending us your claim, please read the checklist at the end of this form to make sure you've included everything.

1 Patient's details (to be completed by the person having treatment or their authorised representative)

Patient membership number:

BI - - -

Group name (if applicable):

Title

First name

Family name

Other names

Date of birth D D M M Y Y Y Y

Current correspondence address:

Building

Street

Town / city

Area code

PO Box

Region

Country

We'll send all correspondence to this address. You can update your details online at any time by visiting www.bupaglobal.com/membersworld

Email

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

2 Claim/medical details

(Where possible, all sections should be completed by the medical practitioner in overall charge of the patient's treatment, otherwise it should be completed by the patient)

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 or visit to medical practitioner, such as the symptoms and diagnosis if known

Is the treatment related to: Wellness or preventative ◯ Maternity ◯ Oncology ◯ Dental ◯ Opticians (correct vision) ◯ Pre or post hospitalisation ◯

When did symptoms begin? D D M M Y Y Y Y

When was the date of treatment / consultation? D D M M Y Y Y Y

Details of treatment received, including operations and medications

Medical Practitioner's details:

Name

Speciality/Qualifications

Medical facility name

Address

Email

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

Hospital admission details (if applicable):

Admission date D D M M Y Y Y Y Discharge date D D M M Y Y Y Y Surgery date D D M M Y Y Y Y

Hospital name

Address

Email

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

Medical practitioner's signature

Date D D M M Y Y Y Y

Print name

3 Cash benefit

The hospital should complete this section if there were no charges for your overnight admission, and your health 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

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

Medical Practitioner	Hospital or clinic	Patient or member (enclose proof of payment)	Group or company (enclose proof of payment)
○	○	○	○

Complete Section A to be paid by bank transfer or Section B to be paid by cheque.

Section A – Payment by bank transfer to a bank account

Bank name	
Swift / BIC code	
Bank account number	
Sort code (UK only)	- -
Full IBAN number	
Bank account holder name	
Bank account currency	
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 the IBAN and the SWIFT code of your bank branch. Your bank will be able to provide you with this information.

Bank transfer payments will be made in the currency of your bank account.

Here's how we process co-insurances and deductibles for claims:

- If we're paying you – we'll pay your claim less the deductible or co-insurance amount you have on your policy.
- If we're paying the provider – we'll take the deductible or co-insurance amount from you using your direct debit or credit card.
- If you're a member of a company plan – we'll pay the medical provider for the claim less the deductible or co-insurance amount you have on your policy. You're responsible for paying any outstanding amount to the provider after we've assessed and paid the claim.

To find out if you have a co-insurance or deductible, please check your insurance certificate. You can find out more about how co-insurances and deductibles work in your membership guide.

Section B - Payment by cheque

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

○ Currency of your invoices ○ Currency of your premiums ○ Currency of your bank account (Please specify this) _____

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, another insurer or a person or organisation involved in an accident)? Y N

If yes, please give their contact details:

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've had treatment in the UK, please let us know if you'd like to see a copy of the medical report before it's 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

Last updated: September 2023

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. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details 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, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 (0) 1273 323 563. Alternatively, you can email or write to the team via info@bupaglobal.com or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

In this privacy notice, "we" "us" and "our" means the Bupa companies trading as Bupa Global. For details of these companies visit www.bupaglobal.com/legal-notices

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the insurer and the lead administrator of your policy who may share it with other Bupa companies as set out in the 'Sharing your information section'. Please refer to your policy documentation for confirmation of the insurer and lead administrator.

1. What this privacy notice covers

This privacy notice applies to anyone who interacts with us about our products and services ("you", "your"), in any way (for example email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from other organisations (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

4. What we use personal information for and our legal reasons for doing so

We process your personal information for the purposes set out in our full privacy notice, including to deal with 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 to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process.
We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. 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 interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited 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.

6. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

7. International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

8. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

9. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

10. Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupaglobal.com.
You can also use this address to contact our Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, 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	Date							
(Parent or guardian if patient is under 16)	D	D	M	M	Y	Y	Y	Y

Print Name

If you have any questions about your claim, log onto www.bupaglobal.com/membersworld or contact our customer services team:

- Telephone: +44 (0) 1273 323 563
- Email: info@bupaglobal.com

Please refer to your insurance certificate for details of your insurer.

Claim checklist

Please review the following checklist and make sure that you give the information and supporting documents, where applicable:

- ◯ Clear, readable and unobscured documents (photocopied receipts should not obscure any details, clear handwriting, etc)
- ◯ Symptoms and/or diagnosis, where this has been established, along with the date they started
- ◯ 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)
- ◯ A medical discharge report, for in-patient treatment and surgical procedures
- ◯ Complete payment instructions including payment currency
- ◯ Proof of payment for policyholder, group or company paid claims
- ◯ Signature, name and date provided for the declaration above

We'll email you if we need more information to complete the assessment of your claim. You can also track the progress of the assessment online in your MembersWorld account.

Bupa Global is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are Bupa, 1 Angel Court, London EC2R 7HJ, UK. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Financial Conduct Authority does not regulate the activities of Bupa Insurance Limited that take place outside of the UK. Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. The Financial Registration numbers of Bupa Insurance Limited and Bupa Insurance Services Limited are 203332 and 312526 respectively.

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Notes