



# Health Cash Benefits Cover Claim Form

Please help us to review your claim quickly by writing clearly

## 1 Membership details

Policyholder's full name

Policyholder's address

Postcode

Date of birth

  /   /    

Membership number

Phone number

Email address

## 2 Patient's details

Patient's full name *(if different from the lead member's name above)*

Date of birth

  /   /

# Health Cash Benefits Cover Claim Form continued

## 3 Benefits claimed

Please tick the benefits below that you would like to claim for:

- Dental care
- Dental accident
- Dental emergency
- Optical care
- Health screening

Please complete a separate line in the table below for each benefit, entering the name of the person making a claim, the type of treatment, date and the amount paid per receipt.

> Please send us all relevant invoices and receipts for consultation and associated charges with the dates on them.

| Name of person claiming | Benefit being claimed | Date | Amount being claimed |
|-------------------------|-----------------------|------|----------------------|
|                         |                       |      |                      |
|                         |                       |      |                      |
|                         |                       |      |                      |
|                         |                       |      |                      |
|                         |                       |      |                      |
|                         |                       |      |                      |
|                         |                       |      |                      |
|                         |                       |      |                      |
|                         |                       |      |                      |
|                         |                       |      |                      |
|                         |                       |      |                      |

> Please note, for treatment that continues over an extended period then claims need to be sent periodically, at intervals not more than 13 weeks.

# Health Cash Benefits Cover Claim Form continued

## 4 Declaration and consent

> Make sure that you read and understand the 'About your information and medical reports' section at the end of this form before you sign.

I wish to claim benefit and I declare that all the information I have given on this form is correct to the best of my knowledge.

I consent to:

- a) AXA Health requesting medical and health information from the patient's healthcare practitioner and/or hospital
- b) the healthcare practitioner and/or hospital providing that health information in reports, or by copies of my health records and medical information, to AXA Health
- c) the healthcare practitioner and/or hospital involved in the patient's care reviewing medical information and discharge arrangements with AXA Health for the following reasons:

(Please tick 'yes' or 'no' for each of the following)

- to assess and subsequently review my claim and apply policy terms/exclusions\*  
 No  
 Yes
  
- to audit healthcare practitioner and hospital records to review their performance and ensure that AXA Health is being billed correctly  
 No  
 Yes

\*if you tick 'no' we may not be able to assess your claim.

> If the patient is under 16, their parent or guardian must complete this section.

Name

- I am the patient
- I am the parent or guardian

Signature

Date

  /   /    

- I wish to see any report from the medical practitioner and/or hospital before it's sent to AXA Health.

> We may only keep full copies of information we get from your medical records for three months after we've reviewed your claim. We'll then delete them from our system. This means that if you later claim for a different medical condition, we may need to request them again.

### About your information and medical reports

> Please keep this information in case you need to refer to it in the future

#### Access to Medical Reports Act 1988

It's important that you understand your rights under the Access to Medical Reports Act 1988 before you agree to us requesting a report from the GP or hospital treating you.

#### Medical reports

If we ask for a medical report:

- You don't have to give your consent. If you don't give your consent we cannot request the medical report so may not be able to process your claim.
- We will contact you to tell you the date we requested it.
- You can see the report before it is sent to us. If you want to do this, you must contact the medical practitioner within 21 days of the date of our request. Please tick the box in the declaration section. If you don't tick the box but then change your mind, you can contact your medical practitioner and ask to see the report. You have 21 days from the date of your initial request to see it.
- If you disagree with the information in the report, you can ask the medical practitioner to change it. If the medical practitioner does not agree with you, they will ask you to write a statement to go with the report that is sent to us.
- You can ask the medical practitioner to see the report at any time 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 plan.
- 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, or if it shows future plans for your care that the medical practitioner doesn't want you to see.
- If the report includes information about someone else, the medical practitioner will not show you that part of the report.

These rights do not relate to reports from practitioners who are not treating you and who we might ask for an opinion.

#### Preventing and detecting crime, and auditing records

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

- prevent and detect crime, particularly fraud;
- review the performance of specialists;
- ensure that we are being correctly billed for their services.

Audits may be part of a programme or in response to a specific event.

#### Sharing information

We may need to share information with third parties, including medical experts, other insurers, the NHS Counter Fraud Security Management Service and the General Dental Council.

In certain circumstances, we are required by law to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crimes. This may involve adding non-medical information to databases that can be viewed by other insurers and law enforcement agencies.

We are required to tell the General Medical Council, or other relevant regulatory body, about any issue where we have reason to doubt a medical provider's fitness to practise.

## Health Cash Benefits Cover Claim Form continued

### Data protection

> Please remove this 'Important information' page and keep it for your information.

- We'll handle your personal data in accordance with the Data Protection Legislation.
- You are entitled to see information we hold about you.
- You can write to us to ask for a copy of any personal information about you in any independent reports we request.
- If you would like a copy of a medical report that your medical practitioner has sent to us, it will be quickest if you contact them direct because we will have to get their permission to release it to you.
- We process claims outside the European Economic Area.
- If any medical records we receive show that a medical condition should have been declared on your plan application, we may change the terms of your plan.
- For our full Privacy Policy please visit [www.axahealth.co.uk/privacy-policy](http://www.axahealth.co.uk/privacy-policy).

### Next steps

#### Help us process your claim quickly

Have you:

answered all questions?

signed the form?

Enclosed:

all relevant receipts/invoices along with this form?

#### Where to send the form

Mail to:

AXA Health

Customer Service

Phillips House, Crescent Road

Tunbridge Wells, Kent

TN1 2PL