BUPA GLOBAL CLAIM FORM



IMPORTANT INFORMATION

Return this form with original, or copy invoices via email, fax or post to; info@bupa-intl.com, Fax: +44 (0) 1273 820 517, or post: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK. Claims can also be submitted as eClaims via Membersworld.

Please ensure that all sections of the claim form are fully completed. Note that claims payment may be delayed if all sections of the claim form are not completed in full. The form should be returned to us within six months of the initial treatment date. Please write clearly in black ink and BLOCK CAPITALS.

Please complete a new / separate claim form for:

- each patient
- o each in-patient / day-case stay
- o each medical condition

o each currency

If you have more invoices, you do not need to send a further claim form. Just send the invoices with a covering letter stating the condition and payment instructions. If the condition continues for more than six months, we may request a new claim form to be completed.

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

1 PATIENT'S DETAILS	s he completed by the person under	going (teatment)	
Patient membership number:		Group name (if applica	ble):
Bi	•		
Title:			1
Family pages (a)			
Date of birth:	Ago last highlang		
	Age last birthday:		
Correspondence address:			
Building:			
Street:			
Town / city:			
Area code:	PO Box:		
Region:			
Country:			
Email:			
Telephone:	1.15	er. Property Pro	
Is this your permanent residency address?		Yes No	عالمة دينتاسي
Do you want all future correspondence sent to this add	dress?	Yes O No O	
Do you have a residence in the USA?		Yes No	OF WILL STREET
In which country did the treatment take place?	UAF		No to the state of
What is the currency of the invoice?	AE U		STREE
What is the total amount of the claim?	930		

2 MEDICAL DETAILS (nil sections must be completed by the doctor in overall charge of the patient's tre	atment)
Medical Practitioner's details:	
Name: nr. Pratie neconstant	
Address: Shop # 5, m was out hews, bd 4 # 8, & 1 min od 1, hung	wan I, a bai ya t
Qualifications: Spegalat - or modernts	
Diagnosis: Class II modorchión	
Onset date when symptoms first noticed by patient:	
When did the patient first see a doctor?	
. Details of treatment:	
Details of operation:	
Details of medication:	
دينتاسترق	6
13/CD	* 18 m
Dental treatment	
Dental treatment Annual check Preventive Preventive	0
Annual check Major restorative Orthodontics	ATTAN Q
Assident / emergency treatment	
Details of treatment: (on Profession and Sandard Sanda	adult
Details of treatment: Comprehy rophisdonte testined of dethion.	
Hospital dates: Admission date: Discharge date: Discharge date:	M M Y X
Name and address of admitting hospital: Reference number:	
Name: 0 entre le control clinic .	
Address: - Sume as above -	
Telephone: 64 + 25 2 99 35	
Fax:	
Email: de Asstru dental arnie 100 gmail com	
Medical practitioners/ dental surgeon's signature Specialist Orthodontics	Date
DENTISTREE DHA-00058483-003	02/10/24
DENTISTREE DENTAL CLINIC	

S CASH Banahi													
The hospital should complete this section if you have stayed in hospital overnight without charge, and your plan includes a Cash Benefit.													
vas in hospital from													
and this hospital did not charge for accommodation.													
The hospital needs to stamp this claim form here:													
4 PAYMENTIDETAILS													
MPORTANATURE PRINTER MATERIAL PROPERTY OF THE P													
We'can settle claims in over 80 currencies. In a few cases where we cannot settle in the currency requested, we will reimburse you in the currency of your subscriptions.													
Who would you like us to pay? (please tick one only) Doctor / hospital. Principal member													
Patient Group (if on a company plan)													
Please complete either Section A or Section B													
Section A - 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 subscriptions													
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.													
Section B - Payment by Electronic Funds Transfer to a bank account													
Bank name:													
SWIFT//BIC code *													
Sort code (UK.only):													
Account number:													
BAN													
Account name / payee													
: Currency, top: the transfer:													
Bank address:													
Post//Zíp:code;													
Country:													

*In order to process your payment as quickly and securely as possible, we strongly recommend that you 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 have asked us to pay the provider, and an annual deductible applies to your cover, the deductible will be collected using your direct debit or credit card. We will instruct our bank to recharge the administration fee relating to the cost of making the electronic transfer to us, but we cannot guarantee that these charges will always be passed back for us to pay. In the event that your local bank makes a charge for an electronic transfer, we will aim to refund this charge. If we are unable to pay direct to a bank account, or no account details are provided, we will pay by chaque. We reserve the right to send any benefit due to an appropriate person – for example, the executors of the will of someone who has died or the dependant on your membership who has paid the bill.

5 YOUR CONSENT TO OBTAIN A MEDICAL REPORT

NOTES AND OFFICE PARTICULARY

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.

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.

You can choose from three courses of action:

- 1. You can give your consent without assing to see the doctor's report before it is sent to its. 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 you notify you that we have requested a report from the doctor, to contact your opcior to make arrangements to see the report. If you fall to contact the doctor within 21 days, he 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 defore he can release it to us. You may ask your doctor to change the report of you think it is misteading, 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 seport without indicating that you wish to see it, you can change your mind by contacting your doctor before the report is sent to as, 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 is 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 corry, provided that you ask him 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) he feels that it may be harmful to you or (b) it would indicate his 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 change for his services.

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

Thave been advised of my rights under the Access to Medical Reports Act 1988 and the Access to Personal Fales and Medical Reports (NI) Order 1991.

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.

Bupa Global Data Protection Notice

Purpose: Personordatá collected on you, and where appropriate, your family, will be used by Bupa Giobal to process your claims, administer your policy and may be used to detect and prevent traud or improper claims.

Confidentiality: The confidentiality of patient and member information is of paraméticit concern to the companies in the Bupa Group. To this end, Bupa fully complies with Data Protection Legislation and Medical Confidentiality Guidolines. Bupa sometimes use this districts to process data or its behalf. Such protessing, which may be undertaken outside and EEA, is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Medical information: Medical information will be kept confidential, it will only be disclosed to those involved with your treatment or care, including your General Practitioner/Primary Health Physician, or to their agents, and, if applicable, to any person or organisation who may be discussed with the Bupa Global Agent/Adviser where you have requested the Adviser to assist you.

Member details: All membership/documents and confirmation of how with have dealt with any claim was may make will be sent to the principal member.

Telephone calls: In the interest of continuously improving our service to members, your call will be remorted and may be montared.

Research: Anonymised or aggregated data may be used by Bupa Global, or disclosed to others, for research or statistical purposes.

Fraud: Information may be disclosed to others with a view to preventing fraudulent or improper Hains.

Names and addresses: Bupa Global does not make the names and addresses of members or patients available to other organisations.

Keeping you informed: Buba Global would, on occasion, like to keep you informed of Bupa products, and services which it considers may be of interest to you.

Contact address: If you do not wish to receive information about Bupa's products and services, or tave any other Data Protection queries please write to the Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WCIA 2BA or at DataProtection@Bupa.com.

6 THURD BARTY INSURERS

Are some of the co	sts recove	rable fr	om som	one els	se (for	ëxami	ole, sta	ite ins	urer	or a	person	/ org	anisal	ni noì;	volve	d in	ań ad	cide	nt?):	Yes	0	No	0
Name:																							
Address:								š						-						1			<u></u>
															Liberaras								
Email:			i i												Ĺ								
Telephone:							T		T	Ī												HOLLDON, W.	

7 DECLARATION

IMPORTANTINFORMATION: TO BEICOMPLETED BY THE PATIENT

Legative that the information thave given or this formula accurate and correct, to the best of my knowledge.

I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998, to process my personal information with respect to this claim.

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

Date

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

- o Telephone: +44 (0) 1273 323 563
- o Fax: +44 (0) 1273 820 517
- o 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.