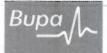
# BUPA GLOBAL CLAIM FORM



#### 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:

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.  PATIENT'S DETAILS  Patient membership number:  BY A N A V  Family name:  Other names:  Other names:  Other names:  Correspondence address:  Building:  Area code:  PO Box:  Region:  Country:  In this your permanent residency address?  Po you have a residence in the USA?  Yes No  Do you want all future correspondence sent to this address?  Po you have a residence in the USA?	o each pat		iew /	301	Julu	te c	diii			:h in-p	oatier	nt / c	ay-ca	ase st	ay		o ea	ch	med	ical	conc	litio	n	. 1		o	ea	ch d	curre	ncy				
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in which country did the treatment take place?	In which country did the treatment take place?								1	U A E DENTISTREE										1			T											
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2 MEDICAL DETAILS All sections must be completed by the doctor in overall charge of the patient	's treatment)
Medical Practitioner's details:	
Name: DR. PRA+1K PREMJANI	
Address: SHOP #3, BLOG 8 AL WASL PORTVENS. AL MINA ROAD. JUN	M. 1. DUBAI
Qualifications: SPECIAL ST ORTHODONTIST	
Diagnosis: M26-211 - Malocolulus W, Meli Clay I	
Onset date when symptoms first noticed by patient:	
When did the patient first see a doctor?	
Details of treatment:	
consultation & gray ding.	
ALOREM / BID COLOR OF THE COLOR	
Details of operation:	
Details of medication:	
Dental treatment	
Annual check Preventive	0
Major restorative Orthodontics	0
Accident / emergency treatment	
Details of treatment:	
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	D M M Y Y
Name and address of admitting hospital: Reference number:	S Sulting
Name: DENTISTREE DENTAL CLINIC (3)	
Address: SHOP #3, BLOG & AL WAR PORT VIEWS - AL MISTA	COMO NUMBRAH 1.
TUBA, U'A.E	713 056 E084 06 Duba - U A E
Telephone: 0 4 252 9935	EDENTAL
Fax:	
Email: Dentistree dental Clinic 1 @ gmail com .	
Medical practitioner's / dental surgeon's signature Dr. Pratik Premjani Specialist Orthodontics	Date
Specialist Orthodontics	

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The hospital should complete this section if you have stayed in hospital overnight without charge, and your plan includes a Cash Benefit.													
l confirm that was in hospital from to to this hospital did not charge for accommodation.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
The hospital needs to stamp this claim form here:													
4 PAYMENT DETAILS													
	IMPORTANT INFORMATION												
	urrencies. In a few cases where we copr imburse you in the currency of your su												
Who would you like us to pay? (please tick one only)													
Doctor / hospital	Principal membe	1、 1985·60 (1995) (199											
Patient		ompany 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 corresponding													
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:			Ī										
Currency for the transfer:			<u> </u>										
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Post / Zlp code:			<del> </del>										

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.

Country:

We recommend that bank transfers are made in the currency of your bank account. If you have askedus 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 feel 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

### <u>Your consent to obtain a medical report</u>

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Please read this section darefully 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 ou; To apply, we need you to give your consent by signing the declaration below

You can choose from three courses of action:

It You can give your consent without asking to see the coctor's report before it is sunt 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 sell 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 reportall you fail to contact the doctor will be 21 days, he will be enabled to send the report direct to us. If however you contact you doctor with a view to seeing the report, you must give the doctor written consent before he particle assist to us. You may ask your doctor to change the report if you think it is misleading. If your doctor refuses, you pan 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 its. 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 out, if you do please back in third 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 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 ligthe report if (a) he feels that it may be harmful to you or (b) it would indicate his intentions in tespector you or (c) would reveal the identity of abother person without their consent (other train that provided by a health professional in their professional capacity in relation (byour targe). Your doctor may also make a reasonable charge for his services.

The undersigned authorises and requests any hospital specialist physician or other health provider to furnish Bupa or as 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 claims

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.

Please indicate below if you wish to see a copy of the medical cobin 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.

#### Buna Global Data Protection Notice

Purpose: Personal data collected on you, and where appropriate, your family, will be used by Bupa. Global to process your claims, administer your policy and may be used to detect and prevent fraution improper claims

Confidentiality. The confidentiality of patient and member information is of paramount concern to the companies in the Bupa Group. To this end. Supa fully complies with Data Protection Legislation and Medical Confidentiality Guidelines, Bupa sometimes uses third parties to process data on its behalf, Such processing, which may be undertaken outside the EEA/s subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection

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 programsation who may be responsible for meeting your treatment expenses, or their agents. Claims information may be discussed with the Buba Global Agent/Adviser where you have requested the Adviser to assist you,

Member details: All membership documents and confirmation of now we have deals with any daim you 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 recorded and may be monitored.

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

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

Names and addresses: Supa Global does not make the names and addresses of members or patients available to other groanisations

Keeping you informed: Bupa Globel 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 Eupa's products and services, or have any other Data Protection queries please write to the Head of Information Governance at Buha House, 15-19 Bloomsbury Way, London WCIA 28A great DataProtection@Buna.com

## G THE DEPARTMENT OF Are some of the costs recoverable from someone else (for example, state insurer or a person / organisation involved in an accident?): Yes Name: Address: Email: Telephone DECLARATRON NMPORTANII (INEORMATIONI - TO BE GOMPINETIADIEV TELE PATILIDIA iconilinatibi kolkerzabilgi agusani wilim ina booksions. erniyi aribno nayigayar kacıban com erbaktırı ininosal acourate and correct, to the best of my knowledge. omine Dienkoladion/Ast 1998, Concordation/massends and a the other consideration of the contraction of 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:

Telephone: +44 (0) 1273 323 563

Fax: +44 (0) 1273 820 517

Email: info@bupa-intl.com

Email is used for your convenience and appead. But we cannot always quarantee the security of this method of communication. You need to be aware that some companies and countries do monitor email terminate to take this into account when choosing to use this method of communication