

2 CLAIM / MEDICAL DETAILS

Medical practitioner's / dental surgeon'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

Principal member

Patient

Group (if on a company plan)

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:

***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 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

5 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 course 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, 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 before he 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 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 charge for his 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.

DATA PROCESSING NOTICE

Customer details: All policy documents and correspondence about any claim may be sent to the policyholder. We may also share other information with the policyholder such as benefits received by other persons covered by the policy, claims paid, co-insurance amounts paid or payable (if applicable), amount of deductible used (if applicable) and if relevant any medical history of another person covered by the policy, which impacts on the provision of the benefits.

Telephone calls & Webchat: In the interest of continuously improving our services, your calls and webchats will be recorded and may be monitored.

Research & Analytics: Your personal data may be used for research, analytics and statistical purposes or in the course of undertaking audits. The outputs of this will be used to develop and improve our services and the services you receive which are funded by your Bupa Global policy. We may also contact you to invite you to participate in customer research activities.

Fraud: We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. We will disclose information to third parties including other insurers for the purposes of prevention, detection or investigation of crime including reasonable suspicion about fraud or otherwise improper claims.

Purpose: Personal data collected about you and any additional people to be covered by the policy, may be used by Bupa Global to process your claims, administer your policy, make suggestions about clinically appropriate treatment, for research and analytics, in the course of undertaking audits, and to detect and prevent fraud or improper claims.

Confidentiality: The confidentiality of patient and member information is of paramount concern to Bupa Global. To this end, Bupa Global complies with applicable data processing legislation and Medical Confidentiality Guidelines.

Medical Information: Medical information will be kept confidential. Unless otherwise required or permitted by law it will only be disclosed to those involved with your treatment or care, including your General Practitioner and Physician, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. Information may also be shared with appointed third parties involved in the management and handling of your policy. Information may be shared with your Bupa Global Agent/Adviser where you have requested that they assist you.

Sharing of Personal Data: Subject to our obligations of confidentiality and data protection, we may share your personal data with:

Other Bupa group companies for the purposes set out above, and access is restricted to those individuals who have a need to access the information for those purposes.

Other Bupa group insurers or our insurance partners If you transfer to another Bupa plan or a plan offered by one of our partners, we will share your medical and claims history with the new insurer.

Our service providers

Often we will need to share your personal data with professional advisors such as claim investigators, emergency assistance providers, medical professionals, lawyers and other experts.

We also engage third party service providers to provide our IT systems; printing and marketing services; research and analytics, auditing and similar outsourced activities. In each case, we require these third parties only use the personal data as is necessary to carry out their services.

Sometimes these third parties are located outside your jurisdiction, in countries which do not provide the same protection as your own. We ensure they are subject to contractual restrictions with regard to confidentiality and security obligations. We may be required to share your information with regulatory bodies and law enforcement agencies, if requested to do so.

Names and Addresses: Bupa Global does not make the names and addresses of customers or patients available to other organisations outside the Bupa group and its service providers.

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

Please tick if you would like us, and other members of the Bupa group, our partners or appointed agents to keep you updated about our products and services.

You will be able to opt out of receiving these communications at any time

Contact Address: In accordance with data protection law, if you would like a copy of your personal information (for which a small fee may be payable) or you would like to update your personal information, or if you have any other data processing queries please call the Bupa Global service team on +44 (0) 1273 323563. Alternatively you can email or write to the team via info@bupa-intl.com, com; or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom. For further information please see the Bupa Global Data Protection notice at bupaglobal.com/privacypolicy

6 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:																											
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Telephone (Please include country code, area code and number):																											
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7 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 confirm that I give explicit consent, within the provisions of all applicable data processing law and regulation, to the processing of my personal information with respect to this claim, as set out under this form. 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:

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.

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

NOTES

Two columns of horizontal lines for writing notes.

