Claim form



How to send us a claim

You can send us a claim:

- Using your MembersWorld account. You can either complete a digital version of this form or the mandatory fields in the 'submit a claim' section. (This is the quickest option)
- o **By post.** Please either type directly into this form or write clearly in block capitals using black ink. Return it with original or copied invoices to: Bupa Global, Bupa (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

Please complete all sections of the 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:

o each	nationt	each in-patient or day-case stay	0	each medical condition	0	each claim currenc
o eaci	Datient c	each in-patient of day-case stay	0	each medical condition	0	each claim currenc

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.

the checklist at the end of this form to make sure you've included everything.																																	
1 Patient	's c	leta	ails	(tc	be	COI	nple	etec	l by	the	pei	rsor	n ha	ving	g tre	eatn	nen	t or	the	ir aı	utho	orise	ed r	epre	eser	ntati	ive)						
Patient member	ship	nun	nber	r:																Gro	up n	ame	e (if a	appl	icab	le):							
BI -			-					-																									
Title										•			-																				
First name																																	
Family name																																	
Other names																																	
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Town / city																																	
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Country																																	
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Email																																	
Telephone (Please include country code, area code and number)																																	

2 Claim/medical details	(Where poss charge of th	sible, e pat	all se ient's	ctio trea	ns sl atme	hou ent,	ld b oth	e co erw	omp rise	olete it sl	ed b noul	y th Id b	ne n e co	ned omp	lical olete	pra ed b	ctit y th	ione ne p	r in atie	ove nt)	erall			
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, suc	h as th	he syn	nptor	ms ar	nd d	liagn	osis	if kı	nowi	n													
Is the treatment related to Wellness or	r preventive O	Mat	ternity	0	Or	ncolo	ogy		D	enta	al C)	O _l (corre	ptici ect vi	ans sion)	\bigcirc	Pr	e or	post	t hos	pita	lisati	ion ——	\bigcirc
When did symptoms begin		DI	D M	М	Υ	Υ	Υ	Υ																
Date first seen by a medical practitioner		D	D M	М	Υ	Υ	Υ	Υ																
Details of treatment received, including	operations and n	nedica	ations																					
																		_	_	_	_	_	_	
Medical Practitioner's details:				T													I	_		_				
Name				<u> </u>																				
Speciality/Qualifications				<u> </u>																	Ш			
Medical facility name																								
Address				<u> </u>																				
Email																								
Telephone (Please include country code	area code and r	numbe))r)																					
Hospital admission details (if applicable		Tarribe	-17																					
Admission date D D M M Y	Y Y Y Dis	scharg	e date	è	D	D	М	М	Υ	Υ	Υ	Υ	Sui	rger	y da	te	D	D	М	М	Υ	Υ	Υ	Υ
Hospital name																								
Address																								
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Telephone (Please include country code	, area code and r	numbe	er)																					
Medical practitioner's signatur	e										Da	ite												
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Print name																								

3 Cash benefit																															
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4 Payment deta	ils																														
Who would you like us to	pay?	(sele	ect o	ne c	nly)																										
Medical Practitioner		Hos	spita	l or	clini	С		Pa	tien	t or	men	nber	(en	clos	e pro	of o	of pa	yme	nt)	Gr	oup	or c	omp	pany	/ (en	clos	e pr	oof of	f pay	mei	nt)
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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																															
*To process your paymer Please provide the IBAN		-	-			-	-		-								•										essa	ry.			
Please provide the 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. 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 o	Section B - Payment by cheque																														
In which currency would	you lil	ke us	to p	ay t	he c	heq	ue (p	oleas	se se	elect	one	onl	y)																		
Currency of your inv	oices							\bigcirc	Cu	rren	су о	f yoı	ur pr	emi	ums						\subset) Cı	ırrer	ncy (of yc	our k	oank	acco	unt		

Cheques payable to members will be sent by post to the correspondence address provided on the front page

Are some of the costs recoverable from someone else (for example, another insurer or a person or organisation involved in an accident)? 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.

Bupa (Asia) Limited

Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

1. Introduction

- 1.1. Bupa (Asia) Limited ("Company", "we" or "us") is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by the Company.
- 1.2. This Notice is intended to ensure that you can make informed decisions about providing your personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice we provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.
- 1.3. For the purposes of this Notice, "Group Company" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "Group").
- 1.4. If you provide us with the personal information about other individuals, you must tell those individuals that you have provided us with their details and let them know where they can find a copy of this Notice.

2. Personal Information We Collect

- 2.1 From time to time, it is necessary for you, or other members/ insured persons covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
- 2.2 During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- 2.3 Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.
- 2.4 The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).
- 2.5 We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases.
- 2.6 If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.
- 2.7 Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.

3. Purposes of Collection

3.1 Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:

- (a) processing, assessing and determining any applications for insurance products and services;
- (b) offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
- (c) registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;
- (d) coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;
- (e) any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/ or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
- (f) performing any functions and activities related to the products and/ or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research, data analytics, statistical analysis, and reinsurance arrangements;
- (g) providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;
- (h) providing you with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s)) managed and/or operated by us) or products;
- (i) communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to;
- (j) operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);
- (k) provision and design of products and services of the Company;
- (I) exercising the Company's rights in connection with provision of any products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
- (m) communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Notice;
- (n) with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in paragraph 5 below);
- (o) managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, futures changes to this Notice);
- (p) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
- (q) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and
- (r) fulfilling any other purposes directly related to (a) to (q) above.

4. Transfer of Personal Information

- 4.1 Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region of the People's Republic of China, for the purposes specified in paragraph 3 to the following classes of transferees:
- (a) any member and/or brand of the Group Companies;
- (b) any insurance adjusters, agents and brokers;
- (c) any re-insurance companies authorised by the Company;
- (d) employers (for members of corporate policy only);

7 Privacy notice (continued)

- (e) healthcare professionals and hospitals;
- (f) any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;
- (g) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, printing, research, advertising, distribution or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
- (h) with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below):
- (i) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
- (j) financial institutions engaged by the Company or you for billing and payment purposes;
- (k) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
- (I) any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- 4.2 We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in **paragraph 3** above.
- 4.3 In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

5. Use of Personal Information in Direct Marketing

- 5.1 Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:
- (a) insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
- (b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
- (c) services and products offered by the Company's co-branding partners; and
- (d) donations and contributions for charitable and/or non-profit making purposes.
- 5.2 The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
- (a) any member and/or brand of the Group Companies;
- (b) third party service providers;
- (d) co-branding partners of a member of the Group Companies; and
- (e) charitable or non-profit making organisations.

- 5.3 We may not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.
- 5.4 If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.
- 5.5 For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this **paragraph 5**, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

6. Security and Retention

- 6.1 The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.
- 6.2 Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.
- 6.3 We will take reasonable steps to securely store your personal information. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.
- 6.4 When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our website: www.bupa.com.hk and is available upon request.
- 6.5 Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.

7. Data Access and Correction

- 7.1 Under and in accordance with the terms of the Ordinance, you have the following rights to:
- (a) check whether the Company holds personal information relating to you or the Member and to access such personal information;
- (b) require the Company to correct any personal information relating to you or the Member which is inaccurate;
- (c) ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
- (d) request the Company to cease using your personal information for direct marketing purposes; and
- (e) change your preference in respect of our use of your personal information.
- 7.2 Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Privacy Officer/ Customer Service Manager

- 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
- 8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
- 9. For any enquiries about this Notice, please do not hesitate to contact our Customer Care helpdesk at 2531 8503.
- 10. Nothing in this Notice shall limit the rights of customers under the Ordinance.
- 11. In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended by the Company from time to time.

Issued by Bupa (Asia) Limited

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							
	D	D	М	М	Υ	Υ	Υ	Υ
(Parent or guardian if patient is under 16)								
Print Name								

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

o Telephone: +852 2531 8503

o Email: service.hk@bupaglobal.com

Email is used for 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. Please take this into account when choosing to use this method of communication.

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

	Claim checklist								
Pleas	Please review the following checklist and ensure that you provide the information and supporting documents, where applicable:								
\bigcirc	Clear, readable and unobscured documents (photocopied receipts should not obscure any details, clear handwriting, etc)								
\bigcirc	Symptoms and/or diagnosis, where this has been established, along with the date they started								
\bigcirc	Prescription for pharmacy and optical claims								
\bigcirc	Final itemised invoice to include treatment dates, description and cost of each service provided (please note we cannot accept interim or estimate invoices)								
\bigcirc	A medical discharge report, for in-patient treatment and surgical procedures								
\bigcirc	Complete payment instructions including payment currency								
\bigcirc	Proof of payment for policyholder, group or company paid claims								
\bigcirc	Signature, name and date provided for the declaration above								
	email you if we need more information to complete the assessment of your claim. You can also track the progress of the assessment e in your MembersWorld account.								

The plans are insured by Bupa (Asia) Limited and administered by Bupa Global. Bupa Global is a trading name adopted by Bupa (Asia) Limited in relation to its portfolio of International Private Medical Insurance products and services. Bupa (Asia) Limited is authorised and regulated by the Hong Kong Insurance Authority. This material shall not be construed as an offer to sell or solicitation to buy or provision of any insurance product outside Hong Kong.

Notes