



## 2 Claim/medical details

(Where possible, all sections should be completed by the medical practitioner in overall charge of the patient's treatment, otherwise it should be completed by the patient)

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, such as the symptoms and diagnosis if known	
Is the treatment related to	Wellness or preventive <input type="radio"/> Maternity <input type="radio"/> Oncology <input type="radio"/> Dental <input type="radio"/> Opticians (correct vision) <input type="radio"/> Pre or post hospitalisation <input type="radio"/>
When did symptoms begin?	D D M M Y Y Y Y
When was the date of treatment / consultation?	D D M M Y Y Y Y
Details of treatment received, including operations and medications	

### Medical Practitioner's details:

Name	
Speciality/Qualifications	
Medical facility name	
Address	
Email	
Telephone (Please include country code, area code and number)	

### Hospital admission details (if applicable):

Admission date	D D M M Y Y Y Y	Discharge date	D D M M Y Y Y Y	Surgery date	D D M M Y Y Y Y
Hospital name					
Address					
Email					
Telephone (Please include country code, area code and number)					

Medical practitioner's signature

Date
D D M M Y Y Y Y

Print name	
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### 3 Cash benefit

The hospital should complete this section if there were no charges for your overnight admission, and your health 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

Who would you like us to pay? (select one only)

Medical Practitioner <input type="radio"/>	Hospital or clinic <input type="radio"/>	Patient or member (enclose proof of payment) <input type="radio"/>	Group or company (enclose proof of payment) <input type="radio"/>
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Complete Section A to be paid by bank transfer or Section B to be paid by cheque.

#### Section A - Payment by bank transfer to a bank account

Bank name	
SWIFT / BIC code*	
Sort code (UK only)	<input type="text"/> - <input type="text"/> - <input type="text"/>
Bank account number	
Full IBAN number*	
Bank account holder name	
Bank account currency	
Bank address	
Post / Zip code	
Country	

\* To process your payment as quickly and securely as possible, we strongly recommend this option as a preferred payment method. Please provide the IBAN and the SWIFT code of your bank branch. Your bank will be able to provide you with this information.

Bank transfer payments will be 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 cheque

In which currency would you like us to pay the cheque (please select one only)

Currency of your invoices     Currency of your premiums     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



## 7 Privacy notice

**Last updated: September 2023**

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you and how we use and protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice available at: [www.bupaglobal.com/privacypolicy](http://www.bupaglobal.com/privacypolicy). If you do not have access to the internet and would like a paper copy of the full privacy notice, or if you have any questions about how we handle your information, please contact the Bupa Global service team on +44 (0) 1273 323 563. Alternatively, you can email or write to the team via [info@bupaglobal.com](mailto:info@bupaglobal.com) or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

### Information about Bupa Global

In this privacy notice, “we” “us” and “our” means the Bupa companies trading as Bupa Global. For details of these companies visit [www.bupaglobal.com/legal-notice](http://www.bupaglobal.com/legal-notice)

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the insurer and the lead administrator of your policy who may share it with other Bupa companies as set out in the ‘Sharing your information section’. Please refer to your policy documentation for confirmation of the insurer and lead administrator.

### 1. What this privacy notice covers

This privacy notice applies to anyone who interacts with us about our products and services (“you”, “your”), in any way (for example email, website, phone, app and so on).

### 2. How we collect personal information

We collect personal information from you and from other organisations (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

### 3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

### 4. What we use personal information for and our legal reasons for doing so

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process.

We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others’ legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

### 5. Profiling and automated decision making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

### 6. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

### 7. International transfers

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

### 8. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice.

### 9. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

### 10. Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at [info@bupaglobal.com](mailto:info@bupaglobal.com). You can also use this address to contact our Data Protection Officer.

You also have the right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner’s Office ([www.ico.org.uk](http://www.ico.org.uk)) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate). You have a right to make a complaint to them or to your local privacy supervisory authority.

**For Guernsey residents:** The local supervisory authority is the Office of the Data Protection Authority ([www.odpa.gg](http://www.odpa.gg)) who can be contacted at, Office of the Data Protection Authority, St Martin’s House, Le Bordage, St. Peter Port, Guernsey, GY1 1BR.

**For Jersey residents:** The local supervisory authority is the Jersey Office of the Information Commissioner ([jerseyoic.org](http://jerseyoic.org)) who can be contacted at, Jersey Office of the Information Commissioner, 2nd Floor, 5 Castle Street, St. Helier, Jersey, JE2 3BT

## 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

(Parent or guardian if patient is under 16)
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#### Date

D	D	M	M	Y	Y	Y	Y
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#### Print Name

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If you have any questions about your claim, log onto [www.bupaglobal.com/membersworld](http://www.bupaglobal.com/membersworld) or contact our customer services team:  
 o Telephone: +44 (0) 1273 323 563      o Email: [info@bupaglobal.com](mailto:info@bupaglobal.com)

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

### Claim checklist

**Please review the following checklist and ensure that you provide the information and supporting documents, where applicable:**

- Clear, readable and unobscured documents (photocopied receipts should not obscure any details, clear handwriting, etc)
- Symptoms and/or diagnosis, where this has been established, along with the date they started
- Prescription for pharmacy and optical claims
- Final itemised invoice to include treatment dates, description and cost of each service provided (please note we cannot accept interim or estimate invoices)
- A medical discharge report, for in-patient treatment and surgical procedures
- Complete payment instructions including payment currency
- Proof of payment for policyholder, group or company paid claims
- Signature, name and date provided for the declaration above

We'll email you if we need more information to complete the assessment of your claim. You can also track the progress of the assessment online in your MembersWorld account.

**For residents of Guernsey, Herm, Alderney and Sark:**

Bupa Global is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are Bupa, 1 Angel Court, London EC2R 7HJ, UK and trading offices Heritage Hall, PO Box 230, Le Marchant Street, St Peter Port, Guernsey, GY1 4JH. Bupa Insurance Limited is licensed by the Guernsey Financial Services Commission. GFSC reference 1035978.

**For residents of Jersey:**

Bupa Global is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are Bupa, 1 Angel Court, London EC2R 7HJ, UK. Bupa Insurance Limited is regulated by the Jersey Financial Services Commission.

# Notes