**Claim form** 



# **Important information**

For quicker handling of your claim, simply log in to your MembersWorld account and either complete a digital version of this claim form, or complete the mandatory fields as shown on the 'submit a claim' section. Alternatively, you can return this form with original or copied invoices by post to: International Health Insurance, Bupa PO Box 24256, Melbourne, VIC 3001.

To prevent delay with the handling of your claim, please complete all sections of the claim form clearly. The form should be returned to us within 2 years of the initial treatment date. Please write clearly in black ink and BLOCK CAPITALS.

Please complete a new / separate claim form for:

Please Complete a new	/ Separate Claim form for.		
o each patient	o each in-patient / day-stay case	<ul> <li>each medical condition</li> </ul>	o each reimbursement currency
	n original documents, but we will be hap claim please refer to the checklist at the	• • •	request.

1 Patient's details (to be completed by the person undergoing treatmen	nt)
Patient membership number:	Group name (if applicable):
BI	
Title:	
First name:	
Family name:	
Date of birth:	
Correspondence address:	
Building:	
Street:	
Town / city:	
Post / Zip code: PO Box:	
Region:	
Country:	
Email:	
Telephone (Please include country code, area code and number):	
Please note, all future correspondence will be sent to this address. You can up MembersWorld (https://membersworld.bupaglobal.com).	odate your contact information at any time by visiting
If posting your claim to us, would you like an email acknowledgement to confirm receipt of	of your claim? Yes No
If yes to email, please ensure your email address is given clearly above.	
Do you have a residence in the U.S.?	Yes No O
Is this your permanent residency address?  Yes No D	oo you have a residence in the U.S.?
Do you have a residence in the U.S.?	Yes No
If this country was Australia, to confirm this treatment is not or could not be covered by y	our Medicare benefits please select here Yes No
Are you currently, or have you been eligible in the past 5 years, for Medicare Benefits?	Yes No

Please note: If you have received treatment in Australia, you should only claim under this plan if the treatment is not or could not be covered by Medicare.

Please check your Medicare benefits.

2 Claim/medical details (all sections must treatment where																	ge c	of tr	е р	atiei	nt's			
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 / visit to medical practitioner, such a	as yo	ur s	ympto	oms	s and	d dia	agno	osis	if kn	own	:													
Is the treatment related to: Wellness/preventative	$\bigcirc$				М	late	rnity	/ (	$\supset$				Or	ncol	ogy	C	)					Denta	al (	
Onset date when symptoms first noticed by patient:		[	D D	١	4 1	1	Υ	Υ	Υ	Υ														
When did the patient first see a doctor?:		[	D	١	4 1	1	Υ	Υ	Υ	Υ														
Details of treatment received, including operations and me	edica	ition	s:																					
Medical Practitioner's details:																								
Name:																					L			
Speciality/Qualifications:																								
Address:																								
Email:																								
Telephone (Please include country code, area code and nu	ımbe	er):																						
Hospital admission details (if applicable):									ı					7										
Admission date: D D M M Y Y Y Y	Dis	char	ge da	ite:		D	D	М	М	Υ	Υ	Υ	Υ											
Hospital name:																								
Address:												L						L,			L			$ \bot $
Email:																					L			
Telephone (Please include country code, area code and nu	ımbe	er):																						
Medical practitioner's signature																								
Print Name:														Dat	:e:		D	D	М	М	Υ	Υ	Υ	Y

3 Cash benefit															
The hospital should complete this section if there wer	e no charges for your overnight admission, and your p	olan includes a cash benefit													
I confirm that															
he 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 your bank account.															
Who would you like us to pay? (select one only)															
Doctor Hospital/Clinic	Hospital/Clinic Patient/Member (enclose proof of payment) Group/Company (enclose proof of payment)														
Please complete either Section A or Section B Section A - Payment by Electronic Funds Transfer to a	bank account														
Bank name:															
SWIFT / BIC code *:															
BSB number:															
Account number / IBAN *:															
Account name / payee:															
Currency for the transfer:															
Bank address:															
Post / Zip code:															
Country:															
*To process your payment as quickly and secur Please provide both your IBAN and the SWIFT if necessary.  We recommend that bank transfers are made in the currency of yo deductible or co-insurance applicable to your plan. If you have aske using your Direct Debit, Electronic bank transfer or BPAY. If you are payment the remaining annual deductible or co-insurance on your To find out if you have a co-insurance or deductible on your plan, pyour membership guide.	code of your bank branch. Your bank will be all ur bank account. If you submit a claim and have asked us to pay sed us to pay the provider, and an annual deductible or co-insurance part of a company plan, we will send payment to the medical promembership. You are responsible for paying any shortfall to the per membership.	ble to provide you with this information you, your benefit will be paid less the amount of ce applies to your cover, the shortfall will be collected ovider for the eligible claim. We will deduct from this provider after your claim has been assessed and paid.													
Section B - Payment by cheque	ahamua Zulaana aslaata assa S														
In which currency would you like us to pay the  Currency of your invoices  Currency	cheque (please select one only)  cy of your premiums Currency of your	bank account													
	Currency or your														
Other, please specify:  Cheques payable to members will be sent by post to	o the correspondence address provided on the front p	page													

5 Time party modern	
Are some of the costs recoverable from someone else (for example, state insurer or a person / organisation involved in an accident?):	No 🔘
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 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 their 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 your insurer IAL or Bupa Global 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. O

I do NOT wish to see a copy of any medical report before it is sent to Bupa.  $\bigcirc$ 

# 7 Privacy notice

Bupa international private medical insurance is underwritten in Australia by Insurance Australia Limited ABN 11 000 016 722 (IAL), AFSL number 227681.

This product is distributed in Australia by Bupa HI Pty Limited ABN 81 000 057 590 which is an Authorised Representative of IAL. All policies and claims in relation to this product are administered by Bupa Insurance Services Limited of the United Kingdom.

Below is a summary of how each handle your personal and health information.

## **Bupa Insurance Services Limited Privacy Notice**

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. If you do not have access to the internet and would like a paper copy of the full privacy notice, 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 or Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom. If you have any questions about how we handle your information, please contact us at info@bupaglobal.com

#### Information about Bupa Global

In this privacy notice, references to "we" or "us" or "our" are to Bupa Global. For company contact details, visit www.bupaglobal.com/legal-notices

# 1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services ("you", "your"), in any way (for example email, website, telephone, app).

## Privacy notice (continued)

#### 2. Ways in which we obtain personal information

We collect personal information from you and from certain third parties (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. Purposes and lawful grounds of our processing personal information

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 (www.ico.org.uk) who can be contacted at, Wycliffe House, 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 applicable 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. Marketing and preferences

We would, on occasion, like to keep you informed of our products and services which we consider may be of interest to you.

Please tick if you would like us and other members of the Bupa group to keep you updated about our products and services by post, telephone email and text.

You will be able to opt out of receiving these communications at any time by emailing info@bupaglobal.com or by writing to Bupa Global, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

# 6. Processing for 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 be of interest (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.

# 7. Sharing your information

We share your information within the Bupa Group, 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 accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

#### 8. Transfers outside of the UK and the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the UK and the EEA (the EU member states and Norway, Liechtenstein and Iceland), for the purposes set out in this privacy notice.

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

We keep your personal information in line with periods using the criteria shown in the full privacy notice available on our website.

#### 10. 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.

#### 11. 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. You can also use this address to contact our Data Protection Officer.

We are regulated by the Information Commissioner's Office 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.

## Bupa Hi Pty Limited Privacy Notice

For full details about our Information Handling Practices, please refer to our Information Handling Policy located at https://www.bupa.com.au/-/media/Dotcom/Files/pdfs/bupainfo-handling-policy

We collect personal information (including information about your health) in various ways to enable us to provide you with our products and services.

For example, we collect personal information when you complete an application form at a retail centre or online, or when you provide details over the phone. When you make a claim for benefits, we collect information from you and/or your provider about your treatment to enable us to administer and verify your claim. Where we collect information from you or your provider, we only collect the information we need to fulfil the relevant purpose. We may also collect information about you through our agents.

There are a number of laws which require us to collect information about you, including the Private Health Insurance Act 2007.

If you do not provide us with the information we require, we will not be able to pay to provide you with the products or services you have requested. You have the right at any time to request reasonable access to the information we hold about you. We reserve the right to charge for retrieval of your information.

In providing you with our products and services, we may disclose personal information to third parties, including:

Disclosure to other persons or organisations engaged by us or acting on our behalf in relation to the provision of our products and services, or the operation of our business. When we engage a third party, we require that party to handle your personal information in accordance with all relevant privacy laws, and solely for the purposes of their engagement;

Where laws require or allow us to disclose personal information, for example disclosure to the Department of Health and Ageing, Medicare Australia, other government or regulatory bodies, tribunals and courts of law;

When a hospital or provider helps administer a claim that has been made for hospital or ancillary items or services (e.g. hospitals, doctors and other ancillary providers).

## 7 Privacy notice (continued)

If you transfer to or from another health insurer, we may be required to disclose your information to that insurer.

We may also disclose your personal information to other companies within the Bupa Australia Group. We do everything reasonable to ensure your personal information is kept secure from unauthorised access or disclosure.

From time to time, we may contact you (via mail, email, phone or SMS) to notify you about products, services or benefits offered by Bupa, its related entities and affiliate organisations which we consider of potential benefit to you and your family. If you do not wish to be contacted for marketing or promotional purposes, you may opt out by contacting us.

#### **IAL's Privacy Notice**

We use your information to allow us to offer our products and services. This means we may need to collect your personal information, and sometimes sensitive information about you as well (for example, health information for travel insurance). We will collect this information directly from you where possible, but there may be occasions when we collect this information from someone else. IAL will only use your information for the purposes for which it was collected, other related purposes and as permitted or required by law. You may choose not to give us your information, but this may affect our ability to provide you with insurance cover.

We may share this information with companies within our group, our agents, authorised representatives, government and law enforcement bodies if required by law and others who provide services to us or on our behalf, some of which may be located outside of Australia.

For more details on how we collect, store, use and disclose your information, please read our Privacy Policy located at www.ial.com.au/privacy-page. Alternatively, contact us at compliance.manager@ial.com.au and we will send you a copy. We recommend that you obtain a copy of this policy and read it carefully.

By applying for, using or renewing any of our products or services, or providing us with your information, you agree to this information being collected, held, used and disclosed as set out in our Privacy Policy.

Our Privacy Policy also contains information about how you can access and seek correction of your information, complain about a breach of the privacy law, and how we will deal with your complaint.

# 8 Declaration

## Important information - to be completed by the patient

I confirm that the information I have given on this form is accurate and correct, to the best of my knowledge. I understand that in the event that terms and conditions of my plan have not been met, my insurer, IAL, and Bupa Global reserve the right to recover any costs directly from me. I confirm that the treatment I am claiming for are not and could not be covered by my Medicare benefits.

I confirm that I give explicit consent to process my personal information with respect to this claim. I also give consent to Bupa to obtain my personal and medical information and that of my dependants (if any) from my previous insurer. I confirm that I have brought this declaration and Privacy Notice to the attention of such dependants.

the attention of su	ich c	depe	ndar	nts.																								
Patient's signatu	re (F	are	nt or	gua	ardia	an if	pati	ent i	is ur	nder	16)																	
													_					1										
Print Name:								ıl												Date:	D	D	М	М	Υ	Υ	Υ	Υ
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If you have any queries regarding your claim, log onto our website www.bupaglobal.com/membersworld or contact our customer services team on:

Telephone: +44 (0) 1273 323 563

o Fax: +44 (0) 1273 820 517

o Email: info@bupaglobal.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.

Claim checklist
Please review the following checklist and ensure that the information and supporting documents are provided, where applicable:
Clear, readable and unobscured documents (photocopied receipts should not obscure any details, clear handwriting, etc)
Symptoms and/or diagnosis
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)
Complete payment instructions including payment currency
Proof of payment for member/group/company paid claims
Signature, name and date provided for Medical declaration (Section 8)
Please, note that we may need to request additional information to complete the assessment of your claim.
Members: You will be able to track the progress of your claim on our MembersWorld website (https://membersworld.bupaglobal.com)

Bupa international private medical insurance is underwritten in Australia by Insurance Australia Limited ABN 11 000 016 722 (IAL), AFSL number 227681. This product is distributed in Australia by Bupa HI Pty Limited (ABN 81 000 057 590) which is an Authorised Representative of IAL. All policies and claims in relation to this product are administered by Bupa Insurance Services Limited of the United Kingdom.

# NOTES