





### 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"/>
Account number	
Full IBAN number*	
Account name / payee	
Currency for the transfer	
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 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 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

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

## 5 Third party insurers

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

If yes, please provide their contact details:

Name	
Address	
Email	
Telephone (Please include country code, area code and number)	

## 6 Your local insurer details

Name			
Address			
Phone number			
Membership number			
Valid from	D D M M Y Y Y Y	Expiry date	D D M M Y Y Y Y
Supplemental cover	<input type="radio"/> Y <input type="radio"/> N		
Name			
Address			
Phone number			
Membership number			
Valid from	D D M M Y Y Y Y	Expiry date	D D M M Y Y Y Y
Have you already notified KVG/your supplemental cover provider of this claim?	<input type="radio"/> Y <input type="radio"/> N		

If you hold KVG cover or supplemental cover, you declare that you, and any additional persons named under your plan, have not made and will not make any claim against Bupa, where such claim may be made against your KVG insurer or your local supplemental cover. You, and any of the additional persons named under your plan, agree that Bupa and your KVG insurer or supplemental cover, as the case may be, may exchange information pertaining to your claim, including information on your personal health.

<b>Signature</b>	<b>Date</b>
	D D M M Y Y Y Y
Print Name	

## 7 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.

## 8 Privacy notice

**Last updated: May 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



## 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.

# Notes