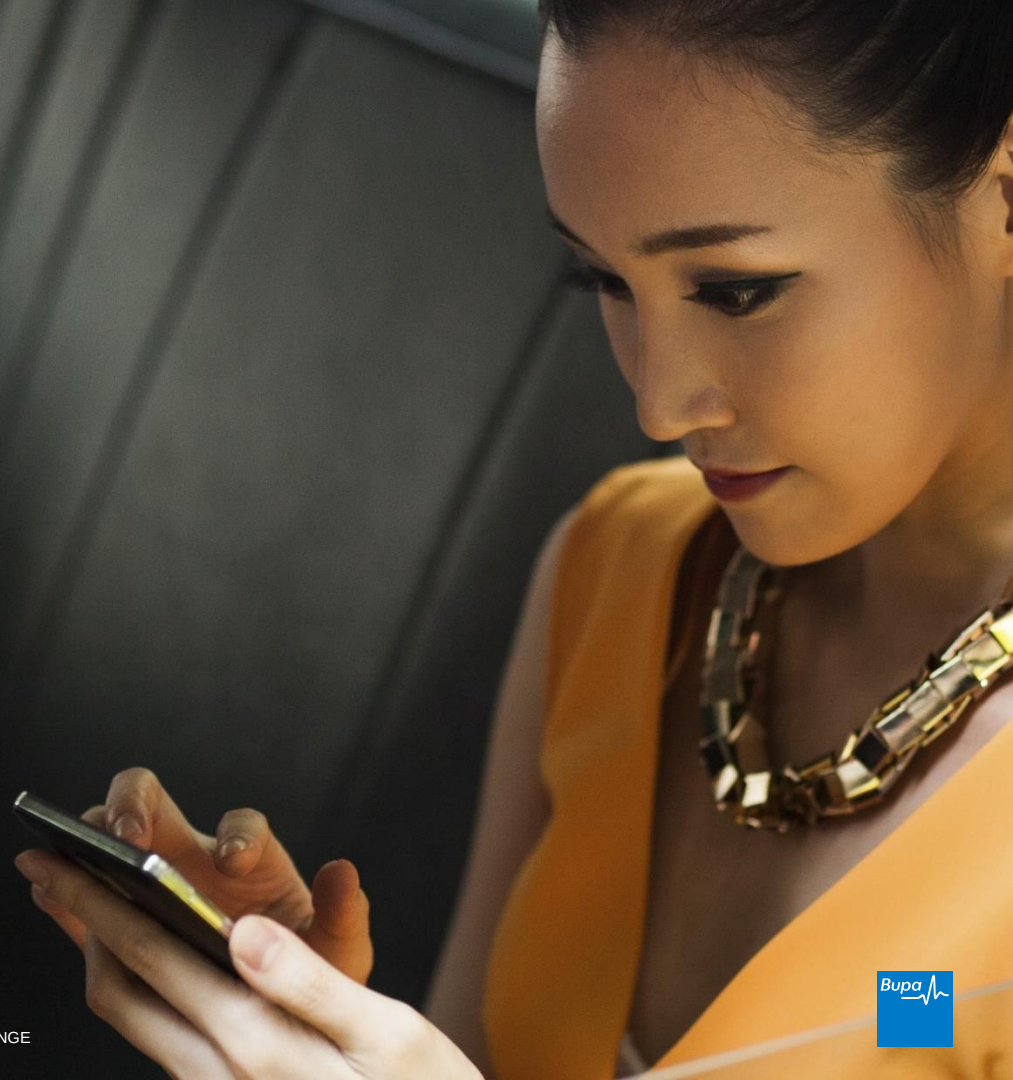
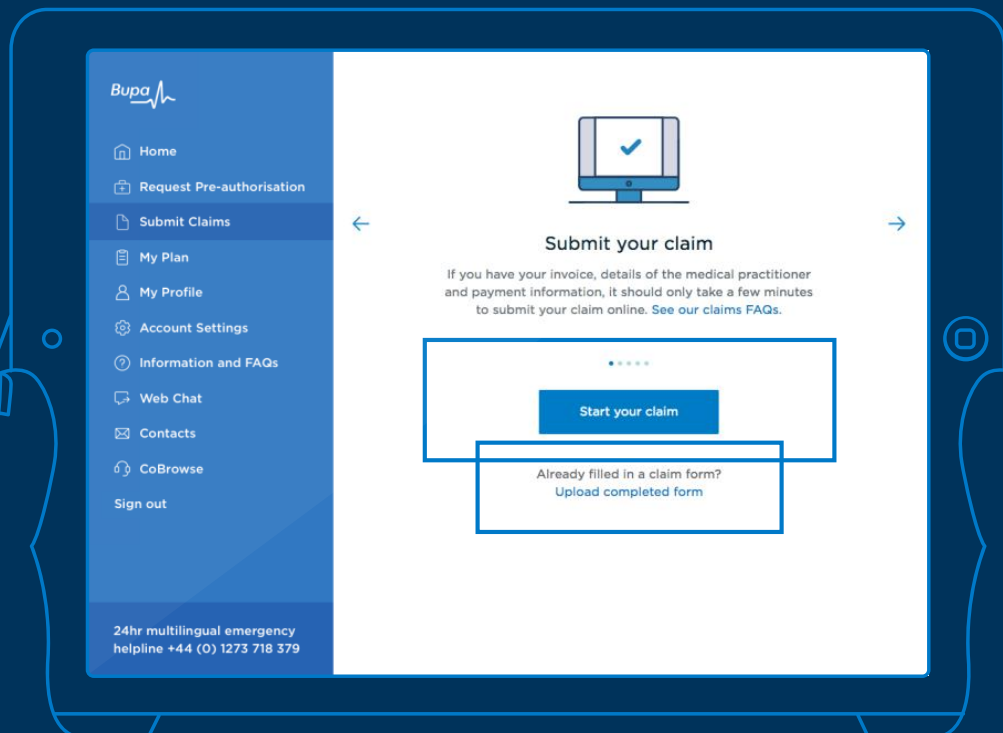


SUBMITTING CLAIMS ON MEMBERSWORLD



SUBMITTING CLAIMS: AN OVERVIEW



**Submit
online claim
application**

Option 1

**Upload a
completed
claim form**

Option 2

OPTION 1

SUBMIT AN ONLINE CLAIM APPLICATION



SUBMIT ONLINE CLAIM APPLICATION

STEP 1: ENTER YOUR PERSONAL DETAILS

You can complete your claim application from start to finish online if you have the necessary information and the receipts and other documentation to support it. You can now upload these from your mobile phone camera for ease.

Please note the policyholder must submit claim applications for dependants under 16.

Also, only the policyholder can submit claims on behalf of other policy members.

< Back

Submit Claim

Step 1 About the patient

* Indicates required field

Patient name
More information

Select the patient

Preferred mailing address *
More information

Select postal / mailing address

Preferred email address
More information

your-email@address.com

Preferred contact telephone number
More information

+ (99) 1234 5678

What was the reason for the appointment or procedure?*
More information

E.g. back pain, throat infection

0500

Cancel Continue

- Select Patient name
- Select Preferred mailing address
- Enter the reason for the medical appointment or procedure

SUBMIT ONLINE CLAIM APPLICATION

STEP 2: TREATMENT / CONSULTATION DETAILS

1. Add your treatment / appointment date
2. Tick **Yes** if your treatment required admission to a medical facility or hospital. If not, tick **No**

If **Yes**, add your:

- a) hospital admission date
- b) hospital discharge date

3. Choose your **claim type**

Submit Claim
Step 2 Treatment / Consultation details

*This field is required

Treatment / consultation date*
More information
23 04 2018

Did the treatment require admission to a medical facility as an in-patient?*
More information
☒ Yes ☐ No

What was the hospital admission date?*
More information
DD MM YYYY

What was the hospital discharge date, or the last date of the hospital stay that this claim is for?
More information
DD MM YYYY

Is this claim for medical or dental treatment? *
More information
☐ Dental ☒ Medical

SUBMIT ONLINE CLAIM APPLICATION

STEP 2: TREATMENT / CONSULTATION DETAILS

4. Choose or enter the **best description** of your treatment
5. Select **country** where the treatment took place
6. Let us know **who** provided the treatment

The image displays two smartphone screens side-by-side, illustrating the online claim application process. The left screen is for a Dental claim, and the right screen is for a Medical claim. Both screens show a form with fields for treatment description, country, and provider. The Dental screen has a 'Dental' radio button selected, while the Medical screen has a 'Medical' radio button selected. The Dental screen shows a dropdown menu for 'Dental accident or injury', a dropdown menu for 'France', and a text field for 'Dr Bruno Giles at Cabinet Dentaire'. The Medical screen shows a text field for 'Steroid Injection', a dropdown menu for 'United States of America', and a text field for 'Dr D. McCoy at the General'. Both screens have 'Cancel' and 'Continue' buttons at the bottom. The steps 4, 5, and 6 are indicated by large numbers in the center of the screens.

DENTAL

MEDICAL

SUBMIT ONLINE CLAIM APPLICATION

STEP 3: PAYMENT DETAILS

1. Select the currency of the invoice
2. Input the claim amount
3. Choose **Yes** if we should pay the medical provider directly (i.e. if they haven't yet been paid)
OR
3. Choose **No** if you want us to pay you instead (you have already settled the bill and want to be reimbursed)
4. Select the currency in which you would like to be reimbursed and choose bank account details or add a new account

The image shows two smartphone screens side-by-side, illustrating the 'Your claim application' form for Step 3: Payment details. The left screen shows steps 1, 2, and 3, while the right screen shows steps 3 and 4. Numbered callouts 1 through 4 are placed between the screens to indicate the sequence of steps.

Left Screen (Steps 1, 2, 3):

- 1:** "What is the currency of the invoice?" with a dropdown menu showing "Euro".
- 2:** "What is the amount you are claiming for?" with a text input field showing "EUR 3,500".
- 3:** "Should we pay the medical provider directly?" with radio buttons for "Yes" (selected) and "No". Below this, a text box states: "The payment will be sent to the medical practitioner, Dr Bruno Giles at Cabinet Dentaire".

Right Screen (Steps 3, 4):

- 3:** "Should we pay the medical practitioner directly?" with radio buttons for "Yes" and "No" (selected).
- 4:** "Preferred currency for payment" with a dropdown menu showing "Great British Pound".
- 4:** "Bank account details for:" with a dropdown menu showing "Select account".

Both screens have "Cancel" and "Continue" buttons at the bottom.

SUBMIT ONLINE CLAIM APPLICATION

STEP 4: UPLOAD YOUR DOCUMENT OR SAVE YOUR COMPLETED FORM

1. Upload documents

- Upload electric copies of all documents related to your claim, such as receipts and prescriptions
 - You can upload saved files, or use photo upload from your camera
 - Click **Next Step** to proceed
- OR**
- save your claim form, with the information you have, to upload later

2. Choose/confirm consents

- Tick **Yes** to give us consent to receive your medical reports or we cannot accept the online claim
- Indicate whether you would like to see a copy of the medical reports before Bupa does

The image displays two smartphone screens side-by-side, illustrating the steps of an online claim application. A large blue number '1' is placed between the two screens, and a large blue number '2' is placed to the right of the second screen.

Screen 1: Your claim application

Upload your documents

Please upload electronic copies of the following documents. Each file can be a JPG or PDF of up to 5MB. The total of all files must be less than 20MB. How do I do this?

Drag your file here or Add another file

claim_form PDF (240kb)

You can also print or save your claim form with the information you've entered, to upload it when you have your documents to hand.

Download a blank claim form to complete

Cancel Next step

Screen 2: Your claim application

Step 5: Consents

*This is a required field

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 1997.

Do you give Bupa consent to receive your medical reports, if required?

More information

☒ Yes ☐ No

Would you like to see a copy of the medical reports before we do?

☐ No

The report will then be sent directly to us by the doctor. 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 without your consent for its release.

☒ Yes

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.

SUBMIT ONLINE CLAIM APPLICATION

STEP 5: SUMMARY, DECLARATION AND SUBMISSIONS

1. Review the summary of your claim information
2. Read the Privacy Policy
3. Tick to give your consent
4. Click **Submit** to complete the claim

1

2

3

4

Your claim
Summary and Declaration

Please check this summary and confirm that your claim details are true to your most up-to-date understanding. False information may delay your authorisation.

About the patient
Edit details ✓

Patient Name	Mr Badger Vankoro
Correspondence Address	1 Main Street London SE1 1EH United Kingdom
Preferred email address	bad@bupa.com
Preferred contact telephone number	01754 234567
Diagnosis	Treatment

Treatment Details
Edit details ✓

Treatment start date	23 April 2018
Referral hospital status	Not submitted
Dental treatment	Yes
Treatment required	Routine (i.e. root canal, fillings, extractions)
Country of treatment	United Kingdom
Treatment provider	Mr Campbell at Q&S Dental

Privacy Policy
Please read the Privacy Policy and confirm below, you give explicit consent, within the provisions of the Data Protection Act 1998, to process your personal information with respect to this claim.

☒ I confirm that I give explicit consent.

By clicking 'Submit' I confirm that:
The information I have given on this form is accurate and correct, to the best of my knowledge

Your claim has been submitted, Badger. If we have all the information we need, we should process it within 10 days. Your claim number is CL010101010101 and you can track its progress in My Plan.

Print your claim

Edit your notification settings to stay up to date with your claim progress. ✓

OK



OPTION 2

UPLOAD A COMPLETED CLAIM FORM

SUBMIT ONLINE CLAIM APPLICATION

STEP 1: INPUT PERSONAL INFORMATION

- Select the person who received the treatment / consultation
- Select the country in which the treatment / appointment took place
- Select the currency on the invoice
- Input the value of the claim

Upload a claim form

Step 1 Personal information

* Indicates required field

Who is the patient?*

Talbot Bates

Where was the treatment?*

United Kingdom

What currency is the invoice in?*

British Pound

What's the value of the claim?*

GBP 3,250

Cancel Continue

You can also upload a completed claim application if you have the required information and supporting documents (receipts, prescriptions, etc.) to hand.

You can upload documents using your mobile device camera, for convenience.

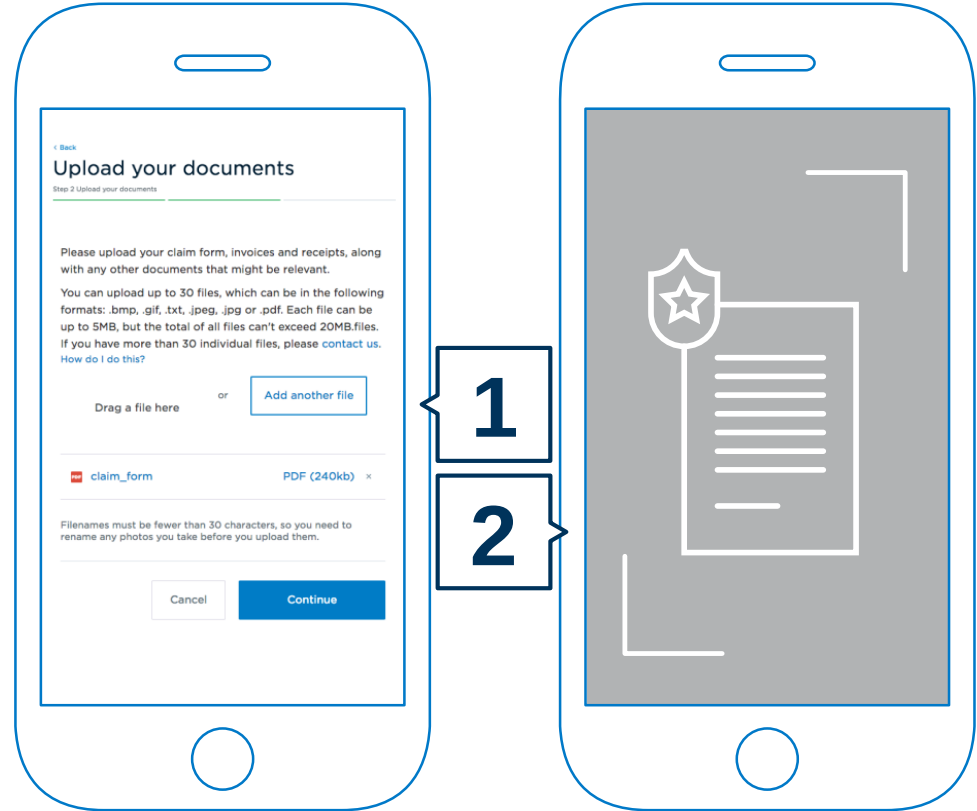
SUBMIT ONLINE CLAIM APPLICATION

STEP 2: UPLOAD YOUR DOCUMENTS

Upload your claim form, receipts, invoices and prescriptions, noting the guidelines provided for file type and size.

EITHER:

1. Search for saved files from your computer or device
2. Take photos of the documents with your mobile device to upload



SUBMIT ONLINE CLAIM APPLICATION

STEP 3: SUMMARY AND SUBMISSION

1. Check your details and confirm they are correct
2. Click **Submit** to proceed

Upload a claim form

Step 3 Summary

Please check your details and confirm they are correct. Incorrect information may cause delays in your claim being reimbursed.

Personal information
[Edit details](#)

Patient	BI-6000-0238-3206
Country of invoice	United Kingdom
Currency of invoice	British Pound
Total amount of claim	GBP 3250

Invoices and receipts
[Edit details](#)

Attachments claim_form.pdf

By clicking Submit, I confirm that the information I have given on this form is accurate and correct to the best of my knowledge.

[Cancel](#) [Submit](#)

1

2

[Download a quick guide of
MembersWorld features and tips](#)

[Download a quick guide to requesting
pre-authorisations on MembersWorld.](#)

