

BUPA GLOBAL 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 via email to: info@bupa-intl.com, fax to +44 (0) 1273 820517, or post to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, UK.**

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:

- each patient
- each in-patient / day-stay case
- each medical condition
- each reimbursement currency

We are unable to return original documents, but we will be happy to provide certified copies on request

1 PATIENT'S DETAILS

(to be completed by the person undergoing treatment)

Patient membership number:

Group name (if applicable):

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Title:

First name:

Family name:

Other names:

Date of birth: D D M M Y Y

Age last birthday:

Current correspondence address:

Building:

Street:

Town / city:

Area code:

PO Box:

Region:

Country:

Email:

Telephone (Please include country code, area code and number):

Do you want all future correspondence sent to this address? Yes No

If posting your claim to us, would you like an email acknowledgement to confirm receipt of your claim? Yes No

If yes to email, please write your email address clearly here

