

2 Claim/medical details

(all sections must be completed by the Medical Practitioner in overall charge of the patient's treatment where possible, otherwise it should be completed by member)

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 as your symptoms and diagnosis if known:

Is the treatment related to:

Wellness/preventative

Maternity

Oncology

Dental

Onset date when symptoms first noticed by patient:

D D M M Y Y Y Y

When did the patient first see a doctor?:

D D M M Y Y Y Y

Details of treatment received, including operations and medications:

Medical Practitioner's details:

Name:

Speciality/Qualifications:

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

Hospital name:

Address:

Email:

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

Medical practitioner's signature

Print Name:

Date:

D D M M Y Y Y Y

3 Cash benefit

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

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 the invoices you send us or (iii) the currency of your bank account.

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

Doctor <input type="radio"/>	Hospital/Clinic <input type="radio"/>	Patient/Member (enclose proof of payment) <input type="radio"/>	Group/Company (enclose proof of payment) <input type="radio"/>
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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 securely as possible, we strongly recommend this option as a preferred payment method. Please provide both your 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. If you submit a claim and have asked us to pay you, your benefit will be paid less the amount of deductible or co-insurance applicable to your plan. If you have asked us to pay the provider, and an annual deductible or co-insurance applies to your cover, the shortfall will be collected using your Direct Debit, Electronic bank transfer or BPAY. If you are part of a company plan, we will send payment to the medical provider for the eligible claim. We will deduct from this payment the remaining annual deductible or co-insurance on your membership. You are responsible for paying any shortfall to the provider after your claim has been assessed and paid. To find out if you have a co-insurance or deductible on your plan, please refer to your membership certificate. To find out more about how co-insurances and deductibles work please refer to 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

Other, please specify:

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

7 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 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 (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.

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/bupa-info-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).

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>)

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