# Claim form





# **Important Information**

You can type directly into this form, save it and email it to us. Alternatively, please write clearly in block capitals using black ink. Once completed, you can email your form to: bupa@lifestarinsurance.com or post the original form to: LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta

If you have any queries regarding your claim or need to preauthorise medical treatment, you can contact us on +356 21 342 342 or by email to: bupa@lifestarinsurance.com

To prevent delay with the handling of your claim, please make sure all sections are completed in full. This form should be returned to us within 2 years of the initial treatment date. Clinic fees and waiting room fees are not refundable.

### Your consent to obtain a medical report

In order to process your claim, we may need to be provided with a medical report from any doctor who has attended you. As a patient, you have the right under the Health Act (Cap. 528 of the laws of Malta) to access your medical records and medical reports.

In the event that we request the medical report on your behalf, we will need to produce your explicit consent in writing to the doctor concerned. You are free to withhold or withdraw your consent at any time but, if you do so, please bear in mind that we may not be able to process your claim

Please read, sign and complete (where necessary) sections 3 to 6 overleaf. The Declaration in section 6 must always be signed by the Patient.

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Membership number	Group (if applicable)
Title First name	
Family name	
Current correspondence address*	
Email	
Telephone	ID card number

<sup>\*</sup> This address will be updated in our records for all correspondence.

# 2 Patient's details (to be completed by the person undergoing treatment)

Patient membership number		What is the total amount of the claim?	
Title First name			
Family name			
Date of birth D D M M Y Y	YY	ID card number	

3 Claim/medical details (all sections mu	ot 100 001111p	oreced by the		ractitioner,		
Patient's Name						
Onset date when symptoms first noticed by patient	D D M	M Y Y	YY			
When did the patient first see a doctor?	D D M	M Y Y	YY			
Family doctor / Specialist						
Reason for treatment						
Treatment details						
Medical practitioner's signature			Date			
			D	D M	М У	YYY
Print Name						
Therapist / Other medical advisor  Note: A Family Doctor or Specialist referral is required p					complementary tr	eatment, pathology,
radiology, diagnostic tests and nursing. If in doubt, plea	se contact us	prior to rec	eiving treatme	ent.		
Reason for treatment						
Treatment details						
Medical practitioner's signature			Date			
			D	D M	М	Y Y Y
Dental treatment Diagon coloct as applicable:						
<b>Dental treatment</b> - Please select as applicable:  Preventive:						
Annual check / exam Routine and m	ajor restorat	ive	Acciden	nt (	) Emergency	
Scale & polish  X-rays / diagnostics						
Medical practitioner's signature			Date			
			D	D M	М	YYY

# 4 Third party insurers

Are some of th	Are some of the costs recoverable from someone else (for example, state insurer or a person / organisation involved in an accident?)															$\bigcirc$										
Name																										
Address																										
Email																										
Telephone																										

# 5 Privacy Notice

Last updated: May 2022

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. Fuller details can be found in our Full Privacy Notice available at:

https://www.bupaglobal.com/en/legal/privacy-notice. If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Malta service team on +356 21 342 342. Alternatively you can email or write to the team

via bupa@lifestarinsurance.com or Bupa Malta, LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. If you have any questions about how we handle your information, please contact us at gdpr@lifestarinsurance.com

#### Information about Bupa Malta

In this privacy notice, reference to 'Bupa Malta', 'we', 'us' and 'our' are to LifeStar Health Limited which is registered as an insurance agent for Bupa Global Designated Activity Company ('Bupa Global').

### 1 Scope of our Privacy Notice

This privacy notice applies to anyone who interacts with us about our products and services in any way (for example email, website, phone, applications and any other alternatives).

# 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 data about you and, if applicable, from your dependants.

- Standard Personal Data: for example, information we use to contact you, identify you or manage our relationship with you.
- Special Categories of Personal Data: for example health information, information about race, ethnic origin and religion that allows us to tailor your case.
- Data in relation to criminal convictions and offences: we may get this information when carrying out anti-fraud or anti-money-laundering checks.

# 4 Purpose of Processing Personal Data and lawful grounds of processing personal data

We process your personal data and special categories of personal data on the basis set out in our full privacy notice, including but not limited 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)
- 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 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 interest you (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.

### 6 Sharing your information

We share your information within the Bupa group of companies, 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.

# 5 Privacy Notice (continued)

### 7 International transfers

We work with companies that we partner with, or that provide services to us (such as health-care providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

### 8 How long we keep your personal information

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

### 9 Your rights

The GDPR bestows upon the Data Subject the below rights. Please contact us if you would like to exercise any of your rights.

- o Right to access Personal Data.
- o Right of rectification.
- o Right to be forgotten.
- Right to restriction of processing.
- Right of portability.
- o Right to object.
- Right to not be subjected to automated decisions.
- Right to Judicial review.

### 10 Data protection contacts

If you have any questions, comments, complaints, or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at gdpr@lifestarinsurance.com.

You also have the right to make a complaint to your local supervisory authority for data protection. The contact details for the Maltese Information and Data Protection Commissioner are as follows: Information and Data Protection Commissioner, Level 2, Airways House, High Street, Sliema SLM 1549, Malta. Tel: +356 2328 7100, email: idpc.info@idpc.org.mt

# 6 Declaration

# **Important information** - to be completed by the patient

I confirm that I have checked the information I have given on this form and that it is accurate, correct and complete, to the best of my knowledge. I understand that if any of the information provided turns out to be incomplete and/or inaccurate, the claim may be rejected. I give explicit consent on behalf of myself or the patient (if acting on the patient's behalf) for the doctors and any other medical providers responsible for my treatment, care or other services provided to me, to provide Bupa Malta or its service partners with any information requested in connection with this claim or any past claim, for the purpose of considering, processing, auditing or otherwise handling this claim.

Patient's signature	
(Parent or guardian if patient is under 16)	

Date							
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LifeStar Health Limited acts as an insurance agent for Bupa Global Designated Activity Company (Bupa Global DAC), which has passported its services through the European Passport Rights for Insurance and Reinsurance Undertakings. LifeStar Health Limited is enrolled as an insurance agent under the Insurance Distribution Act, Cap 487 of the Laws of Malta and is regulated by the Malta Financial Services Authority of Notabile Road, Attard BKR 3000, Malta and subject to limited regulation by the Central Bank of Ireland.

Registered office: LifeStar Health Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. Company Registration No. C6393.

Bupa Global DAC, trading as Bupa Global, is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, DO4 VIW6. Bupa Global DAC, trading as Bupa Global, is regulated by the Central Bank of Ireland.