PPP HEALTHCARE

International claim form

Please complete this form in block capitals. Ensure that all relevant invoices and receipts are attached – photocopies are not accepted. Omissions may delay payment of your claim. If you have any questions regarding this form or any other aspect of your cover, please telephone or fax on: **Tel: +44 1892 503 856. Fax: +44 1892 503 189.**

Member's and patient's details

Policyholder's name: First name Family name	Membership number:
Patient's name and address:	Claim number:
	Date of birth:
	Daytime/evening phone number: Country code Area code Number
Country:	Fax number/email address:

Medical practitioner's details

Name and address: FIRSTMED-FMC KFT. 1015 BUDAPEST, HATTYÚ UTCA 14.	Date patient was first aware of symptoms/condition: Day Month Year
	Telephone number: Country code Area code Number 36 1 224 9090
Country: HUNGARY	Fax number: 36 1 224 9091
Reason for referral for specialist treatment:	

To be completed by patient

We will normally settle eligible bills direct with the hospital and medical practitioner concerned. If the accounts we receive from you have not been paid then we will do that automatically. If you have paid the accounts then we will require receipts and reimburse you direct.

Payment details
Payments in sterling can only be made by cheque. If the information below is incorrect or incomplete we will make payment by cheque and send it to your home address.

Currency to receive claim in: HUF or EUR or USD

Bank name and postal address: UNICREDIT BANK HUNGARY ZRT., MARGIT KRT. 87-89, 1024 BUDAPEST, HUNGARY

Country of the bank: HUNGARY

Account name: FIRSTMED-FMC KFT.

Bank account number: 10918001-00000088-47480003

Swift code: BACXHUHB

IBAN code: HU3210918001-00000088-47480003

ABA number:

Total value of claim:

If you are claiming for treatment received outside your Area of Cover, please answer the following questions.

(a) Country where treatment took place

(b) The reason for the patient being abroad: N/A

(c) Dates of departure and return to own Area of Cover

From To

Are you claiming cash benefit for in-patient treatment received without charge? Please tick ✓ Yes ☐ No ☑

If Yes please ensure the doctor clearly indicates the admission and discharge dates and that a certificate confirming this is supplied by the hospital.

Admission date and time Discharge date and time

Other insurer's details

If the treatment is accident-related or covered under another insurance policy please provide name and address of insurance company and type of policy.

N/A

Direct settlement by AXA PPP healthcare

For treatment outside the UK, it may be possible for AXA PPP healthcare to arrange direct settlement with the hospital involved. You should telephone our team of Personal Advisers before treatment to arrange this on +44 1892 503 856.

Patient's declaration and consent to be read and signed by the patient

Data protection act
You will see this sign where we ask you to give personal information.
To set up and administer your policy AXA PPP healthcare limited and any intermediary involved will hold and use information about you, and any family members covered by your policy, supplied by you or those family members and by medical providers or your employer. We may send it in confidence for processing by other companies including those located outside the European Economic Area. By signing this form you and any family members covered by your policy consent to such uses of this personal data.
AXA PPP healthcare Limited may contact you with details of our other products and services and we may also share some of your details with other AXA Group companies (or other carefully selected companies) based within the European Economic Area to enable them to contact you with details of and, if appropriate administer, their products and services.
You may be contacted by post, telephone or email if appropriate. If you do not wish us to do this please tick the box ☐.

Access to medical reports act 1988
It may be necessary to obtain a medical report from your medical practitioner for this claim. If we need to do this, this Act gives you specific rights and they are set out below. If you wish:

1 You can refuse to give your consent – but if you do we may be unable to deal with your claim.
2 You can ask to see the report before it is sent to us. If you give your consent, we will be able to contact your doctor direct for a report. If you wish to see it, delete the word 'Not' in the declaration and we will inform the doctor accordingly. Then the doctor will not send it to us until:
   i you have seen the report and approved it: or
   ii 21 days have passed since we requested the report and the doctor has not heard from you.
   Note: The sooner we receive the report, the sooner we can deal with your claim.
3 Having seen the report, you can again refuse your consent – again this may affect our ability to deal with your claim.
4 You may request the doctor to change the report if you disagree with it. If he refuses, you can require him to attach a statement of your views to the report.
5 You may also ask the doctor to let you see all reports supplied to us within the last six months.
   Note: Your doctor is entitled to charge for supplying you with a copy of the report (to cover costs). This is not covered by your policy.
   Your doctor may refuse to let you see your report if he feels it will do serious harm to your physical or mental health, or it will indicate the doctor's intentions in respect of you, or it may reveal the identity of another person who has supplied information about you who is not a health professional but is involved in your care. In such cases you will be entitled to see the remainder of the report. If this affects the entire report, your doctor must obtain your consent before he sends it to us.
   Note: This relates to UK law and may differ in the country in which you reside.

Patient's declaration and consent
I declare that I am the patient/patient's parent or guardian* (if patient is under 16 years of age) (*please cross out if not applicable).
I wish to claim benefit and declare that all the particulars I have given are to the best of my knowledge, true and correct. In order that my claim may be assessed and settled, I hereby consent to AXA PPP healthcare limited processing the particulars on this form and in any medical reports or health records that may be requested.
I hereby consent to and authorise the general practioner, medical practitioner and/or hospital involved in my care to review medical or treatment details and discharge arrangements with AXA PPP healthcare limited and to provide access to/copies of such medical records as may be requested.
I have read the statement notifying me of my rights under the Access to Medical Reports Act 1988 and consent to AXA PPP healthcare limited seeking medical reports if needed from my medical practitioner, so that AXA PPP healthcare limited can deal with my claim for benefit.
I do (NOT)* wish to see the medical report before it is sent to AXA PPP healthcare limited. *Delete the word NOT if you wish to see the report.
We will send all further correspondence about this claim to the main policyholder, unless you write to tell us otherwise.

Patient's signature ***Date***

× / /

Treatment information to be completed by your medical practitioner or your GP. Please complete this section in CAPITALS

Medical condition requiring consultation/treatment:

Brief medical history of this episode:

What date was the patient first aware of the symptoms? / /

Brief details of the treatment already given:

If claim is related to a pregnancy;

Is the pregnancy a result of natural conception: Yes ☐ No ☐

Hospital information
to be completed by medical practitioner

Hospital name and address: N/A

Admission date: / /

Anticipated discharge date: / /

Surgery date (if any): / /

Medical practitioner declaration

I declare that I am the patient's medical practitioner, and that the particulars given are, to the best of my knowledge, true and correct.

Signature:

Please print name: Date / /

MARIANNA HEGYI M.D.

PB31270

When completed and signed by the patient and medical practitioner/GP, please return this form to:

AXA PPP healthcare, International Customer Service, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL, United Kingdom