

Private medical insurance claim form



Please make sure that you read the following BEFORE completing the claim form:

- Confirmation of cover will be provided when we have made a decision on your claim. If you have any treatment or investigations and cover has not been confirmed this will be at your own risk, as cover may not be available.
- If your GP charges for the completion of this claim form, we do not pay this cost unless your claim is covered by the policy.
- The appropriate medical professionals must complete Section 4 of the claim form. If you are unsure as to who is to complete the claim form, please contact us.
- Other useful information about making a claim can be found in your policy documentation.

Please complete all relevant sections in **BLOCK CAPITALS**

1. Patient details

Full name	<input type="text"/>	Policy number	<input type="text"/>
Company name (if a company policy)	<input type="text"/>		
Full address	<input type="text"/>		
	<input type="text"/>		
	Postcode: <input type="text"/>		
Email address	<input type="text"/>		
Date of birth	<input type="text"/>		
Telephone numbers: home	<input type="text"/>	work	<input type="text"/>
mobile	<input type="text"/>		

2. Medical details – to be completed by the patient (or parent or guardian if patient is under 16 years old) IF GP HAS COMPLETED A REFERRAL LETTER PLEASE ENCLOSE A COPY

Please give details of the symptoms you have been experiencing:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
How long have you been experiencing these symptoms? Please give dates	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Have you had any symptoms similar to this or in the same area before? Please provide full details of symptoms and dates	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Have you sought advice from any medical professional regarding these symptoms previously? Include private GP, pharmacist, physiotherapist, chiropractor etc. Please provide full details including names and dates	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

3. GP details

GP's name	<input type="text"/>	
Name and full address of GP's surgery	<input type="text"/> <input type="text"/> <input type="text"/>	
Telephone number of GP's surgery	<input type="text"/>	Fax <input type="text"/>
Full name of specialist that the patient has been referred to	<input type="text"/>	
Hospital where specialist holds NHS consultancy post	<input type="text"/>	

4. Medical details (to be completed by the GP or dentist)

Please note that all information needs to be clear, precise and accurate, and all sections must be completed in BLOCK CAPITALS.

When do the patient's records begin?

Current episode

Please describe the condition / symptoms the patient is suffering from

Please state consultation date when the patient was referred for these symptoms / this condition?

How long has the patient been aware of these symptoms / this condition?

History of these symptoms / this condition

Please provide a full history of the condition – this must include dates of all consultations / advice / treatment (including prescriptions). Please use additional paper if required

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

How long before the first visit did the patient have symptoms?

6. Consent to obtain a medical report

We may require further information from your doctor to enable us to make a decision on your claim. We can only obtain this with your consent and therefore need you to sign and date the 'Consent and declaration' section on the next page.

You should be aware that you have certain rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. The main points of the Act are as follows:

- a) If you indicate (in the declaration) that you do not wish to see the report we will not notify you if we apply for one. However, if before such a report is sent to us you write to your doctor requesting to see it, you will have 21 days to contact your doctor about arrangements for you to see the report.
- b) If you indicate (in the declaration) that you wish to see the report, we will write to you at the same time as we contact your doctor. We will say that you have asked to see the report and that you have 21 days to contact your doctor to make arrangements to do so. When you have seen the report the doctor may not send it to us until you have given your consent to do so.

If you do not contact your doctor within 21 days the report will be sent to us.

- c) You can ask your doctor if he/she will amend any part of the report which you consider to be incorrect or misleading. If your doctor is not in agreement, you may attach your comments.
- d) During the six months after we have received your report you may ask your doctor to see a copy. Should you ask for a personal copy of the report the doctor can charge you a reasonable fee to cover the cost.
- e) In some circumstances the doctor may decide, in the interest of your health, or to respect the interest of others, that you should not see all or part of the report. The doctor will notify you of this and you will have the right to see any remaining part of the report. If it is the whole of the report which is affected, this will not be given to us without your consent.
- f) You can withhold your consent. In this case we may be unable to proceed with your claim.

7. Consent and declaration

Please read the declaration and complete the boxes below:

I have read the section about my rights under the Access to Medical Reports Act 1988 (or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991). I agree to the provision of any and/or all of my medical records to Aviva in connection with this claim.

By signing below, I give my permission to any institution or person (including, but not limited to, hospitals, doctors, nurses and health professionals) who has been involved in my treatment both past and present, to provide Aviva (and third parties acting on its behalf) with any information, including full medical records, reports or notes, concerning my physical or mental health.

I consent to the:

- processing (by computer or otherwise);
 - use (which may happen outside the European Economic Area) for the purpose of medical underwriting, claims assessment and validation, fraud prevention, policy administration, service provision and reinsurance; and
 - disclosure to the policyholder, relevant intermediaries and medical service providers
- of personal and medical details supplied in support of this claim. I agree that a copy of this consent shall have the validity of the original.

The data controllers are Aviva Health UK Limited, Aviva Life & Pensions UK Limited and Aviva Insurance Limited.

I DO NOT wish to see the report before it is sent to Aviva (please delete if you wish to see the report before it is sent to us).

If you do not consent to Aviva obtaining a medical report, please tick this box

I declare that, to the best of my knowledge and belief, the information given on this form is true and complete.

Signature of patient (or signature of parent or guardian, if patient is under 16 years old).

Signature

Date

Print name

Data Protection Act – consent to discuss claims with another person

Due to data protection rules we are unable to discuss your claim with other people. This may sometimes cause you inconvenience, so if you would like us to be able to discuss your claim with someone else e.g. your husband or wife, please write their name and their relationship to you below.

Name

Relationship
to you

Next Steps

Please sign the consent and declaration box and return this form with any enclosed invoices and third party claim details to:

Customer Service Department
Aviva Health UK Limited
PO Box 962
Chandlers Ford
Eastleigh
Hampshire
SO50 0AB

Once we have received all the necessary medical information for your claim, we aim to reach a decision within five working days. If we need further information, or there are likely to be any delays, we will get in touch with you on one of the telephone numbers you have given us.

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