

D. Claim Payment Details (please ensure that details are completed in full)

Payments direct to treatment provider

This method of payment is not recommended where an invoice is presented in a currency that differs from that used to assess the benefit entitlements on your plan. This is because currency conversion issues will reduce the amount of money the treatment provider receives. As members remain responsible for shortfalls arising from currency conversion, you acknowledge that if selecting this method of payment you take responsibility for settling any balance due to the treatment provider. **Having read the important note above, I wish any benefits to be paid direct to the treatment provider and take full responsibility for settling any balance due.**

Please tick or leave blank as appropriate.

Payment to a bank account

If neither of the above options are available, or if you have already paid the invoice, we will credit your bank account. Please note the following before completing the required details:

- We can only pay benefits to a bank account also held in the Policyholder's name.
- Where an invoice is in a different currency than your plan, any shortfalls arising because of currency conversion calculations and bank charges are your responsibility.
- Please always enclose original invoices as we cannot accept photocopies. Original invoices can only be returned for income tax purposes if requested by the policyholder at the time of submission.
- Please make sure any special instructions regarding payment for any invoices you submit are clearly stated.

Account Name	<input type="text"/>	Sort Code (UK Only)	<input type="text"/>
Account No	<input type="text"/>		
Full IBAN	<input type="text"/>		
<i>(overseas only)</i>			
BIC/Swift	<input type="text"/>		
<i>(overseas only)</i>			
Bank Name	<input type="text"/>		
& Address	<input type="text"/>		

E. Policyholder's/Patient's Declaration

- I declare that the Primary Care Physician in parts F and G of this form has recommended specialist referral/treatment.
- To the best of my knowledge **ALL** of the information given on this form is accurate and complete and I agree to provide any further information that Exeter Family Friendly may require.
- I have read my rights under the Access to Medical Reports Act 1988 (detailed on back page) and, if required, I consent to Exeter Family Friendly obtaining a medical report from my Specialist or Primary Care Physician and/or contacting any person or organisation involved, or proposing to be involved, in my treatment.
- I understand that by consenting, I am permitting Exeter Family Friendly to use the information in this form and any medical report requested, together with any extra information gathered during the claims process, for the purposes of processing the claim or for other purposes permitted by law.
- I understand that without this consent Exeter Family Friendly may not be able to process this claim.
- I agree that a copy of this consent shall have the validity of the original.

If requested, I do/do not* wish to see any medical report before it is sent to Exeter Family Friendly (*Delete as appropriate)

Patients Signature ✕ <i>(overseas only)</i>	Date	Policyholder's Signature ✕	Date
--	------	----------------------------	------

Full and **accurate** completion of your claim form will help to prevent delays in handling your claim.

Please contact our Service Centre on 0300 123 3200 (or +44 (0)1392 35 35 00) or at member@exeterfamily.co.uk if you require any further help or advice.

Please send your fully completed claim form to: Exeter Family Friendly, Lakeside House, Emperor Way, Exeter. EX1 3FD UK.

Warning: To make a false claim is a criminal offence. You must ensure that parts f and g are fully completed by the doctor who recommended the treatment. Failure to do this will delay the settlement of your claim.

G. Primary Care Physician / Specialist's Declaration

To be completed by your usual Primary Care Physician or Specialist (where necessary)

I declare that I am the patient's usual NHS/Private>(*delete as appropriate) Primary Care Physician/Specialist and the information given on this form are, to the best of my knowledge, full, true and correct and I have not withheld any information that may be of relevance to this claim.

Primary Care Physician's Signature ✕

Date

Your Rights Under the Access to Medical Reports Act 1988

It is a UK legal requirement to inform you about your rights under the Access to Medical Reports Act 1998, different rules may apply in other countries.

If we need to obtain a medical report from your doctor to help us assess your claim we need your written consent. Your rights as stated within the Access to Medical Reports Act 1988 are outlined below:

1. You have a right to see any medical report before it is sent to us, you have 21 days, from the time you inform us that you wish to see the report, to contact the doctor to arrange for this. After such period the doctor will send the report directly to us.
2. This right will continue for a period of 6 months from the day we receive the report.
3. The doctor is not obliged to let you see any parts of the report if he or she believes that this could cause you or others serious physical or mental harm.
4. Where you have been provided access to a report before we receive it, your doctor cannot release it to us without your further consent. You may in writing request to your doctor that he or she amends the report if you think it is incorrect or misleading. If your doctor declines to amend the report you may request that he or she attaches your comments to the report.
5. We cannot obtain a doctor's report without your consent.

This space may be used to provide further information about your claim if required:

Exeter Family Friendly, Lakeside House, Emperor Way, Exeter EX1 3FD
0300 123 3200
Members: member@exeterfamily.co.uk
Financial Advisers: adviser@exeterfamily.co.uk
www.exeterfamily.co.uk

**EXETER
FAMILY
FRIENDLY**

Calls may be recorded and monitored.

Calls to 0300 numbers cost the same as calls to landline numbers and are included as part of any inclusive call minutes or discount schemes for geographic calls. Exeter Family Friendly is a trading name of Exeter Friendly Society Limited, which is authorised and regulated by the Financial Services Authority (Register number 205309) and is incorporated under the Friendly Societies Act 1992 Register No. 91F with its registered office at Lakeside House, Emperor Way, Exeter, England EX1 3FD.