Out-patient claim form

Underwritten by SiriusPoint International Insurance Corporation (publ)

ALC GLOBAL HEALTH INSURANCE
AN IMG COMPANY

Filling out this form

- Use this form to make a claim for Out-patient treatment.
- Make sure you answer all questions and sign the declaration.
- Please write clearly using capital letters.
- If you have any questions, call us on +44 (0) 330 333 6686

Have you considered to submit online?

For your convenience you can submit your claims via MyALC, it's simple and it doesn't require you to complete, print and scan this claim form; if you wish to submit online instead, please go to claims.alchealth.com

What's next?

Whether you choose to complete online or send us your claim, please submit your claim to us together with your claims documents, including invoices, payment receipts and any medical reports using **one** of the following options. Please note that you must keep your original invoices and receipts for 6 months for audit requirements other than sending by post when originals should be included, in which case photocopies should be kept.

Online: https://claims.alchealth.com
Email: claims@alchealth.com
Fax: +44 (0) 330 333 6687
Post: ALC Health Claims Team, Global Response Ltd
PO Box 1114 Cardiff CF11 1UL
United Kingdom

1 Patient Details

Title
☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Date of birth (DD-MM-YYYY)

First name(s)

Policyholder's first name(s)

Last name(s) / Surname(s)

Customer Number

Condition ID or Case Reference (if available)

Contact Mobile Number(s)

Email address

By providing an email address and mobile phone number, you agree to electronic notifications (including email and SMS) for the purpose of processing your claims.

2 Payment details

Please confirm who we should send payment to: Pay Provider ☐ Reimburse Policyholder/Patient (complete the below) ☐

Account Holder Name (exactly as registered with your bank)

Currency to be paid in

Account Number / IBAN (Your account number can be 8 to 34 digits. Outside of UK, please enter IBAN, example of an IBAN: GB17BUKB20182703450546)

Bank name

Bank address

Sort Code (Account held in the UK only)

Postcode

Country

Swift or BIC Code (Account held outside of the UK, This code is 8 or 11 characters and is the unique identifier to your bank, examples: AIBKGB2X or BARCGB22XXX)

Routing Code

BSB/ABA/Transit Code

We recommend you contact your bank to confirm the correct payment details to ensure you receive funds being sent from the UK. Some countries and banks require additional information when receiving international payments.

3 Description of expense

Confirm the reason for visiting the medical practitioner and include details of the symptoms/medical condition which you have been treated for:

Date you first noticed the symptoms/medical condition

Please confirm the name, address, email address and telephone number of the doctor that you have seen:

Provide brief details of the treatment or investigations

Have you ever suffered from or received treatment for this medical condition before? Yes ☐ No ☐

If yes, please provide details of previous episodes, including dates and treatment provided

Has further treatment been recommended? Yes ☐ No ☐

If yes, please provide details

Is the claim the result of an accident? Yes ☐ No ☐

If yes, provide details of how, when and where the accident happened

Was there another person/company involved in the accident? Yes ☐ No ☐

If yes, provide the insurer's name, contact details and third party's policy number

Does the patient hold any other insurance plan or policy that could also provide cover for these medical costs? Yes ☐ No ☐

If yes, what type of insurance plan or policy?

Please include the insurer's name, contact details and patient's policy number

Please provide a breakdown of the invoices being submitted in this claim (continue on a separate sheet if necessary)

Description of Expense incurred	Invoice reference Number	Treatment Date	Amount (including currency)

Please note that in accordance with your policy terms and conditions, claims must be submitted within six (6) months after the end of your period of cover.

4 Declaration and consent

ALC Health, on behalf of their underwriters SiriusPoint International Insurance Corporation (publ), have appointed Global Response to manage claims on their behalf.

Before giving your consent you should be aware of your patient rights under the "ACCESS TO MEDICAL REPORTS ACT 1988", which are summarised below.

1 You may withhold your consent to the application being made or to the report being supplied to us. Please note that this may affect our ability to evaluate and process your claim.

2 You may see the report before it is sent to us. You must ask your doctor for a copy within 21 days of the date on which we request the report. We will notify you of this date.

3 You may ask your doctor for a copy of the report at any time up to six months after the date of the report.

4 You may ask your doctor to amend any part of the report that you consider to be incorrect or misleading. If your doctor does not agree with your request you may attach your comments to the report.

5 Your doctor may withhold the report from you, even though you have requested a copy, if he considers that it would be harmful to your physical or mental health or if it contains information about a third party who has not consented to it's disclosure.

If you wish to see any report before it is sent to Global Response, the processing of your claim may be significantly delayed.

Please also note that this information may be passed on to ALC Health, their underwriters SiriusPoint International Insurance Corporation (publ) or any elected third party.

Your Declaration and Consent:

I confirm I have read the information in this form. I wish to make a claim and declare that all the information I have given you is, to the best of my knowledge, true and correct.

Having been made aware of my statutory rights under the "Access to Medical Reports Act 1988" in connection with my claim,

- I hereby consent to Global Response requesting medical information from any doctor who has seen me concerning anything which affects my physical or mental health.
- I consent to Global Response sharing the medical and health information contained in this form, a health record or any medical reports with the underwriters, SiriusPoint International Insurance Corporation (publ), and ALC Health.
- I authorise any medical doctor to disclose such information to Global Response and any third party on their behalf.

If you are in agreement, please sign and date this document below.

☐ I wish to see any report from the doctor before it is sent to you and understand this may significantly delay the processing of my claim

☐ I agree to receiving benefit statements and personal medical information via email

☐ I declare that I am the patient

Patient name

► if the patient is under 16, a parent or guardian should mark this box and sign below on behalf of the patient ☐

Name of parent or guardian

Relationship to Patient

Patient signature (to be signed by the parent/guardian if the patient is under 16)

Date signed (DD-MM-YYYY)

5 Treating doctor and medical practitioner's details

Name of treating doctor

Address of treating doctor/hospital attended

Postcode Country

Telephone Number

Email address

Name of Medical Practitioner (your usual doctor)

Address of treating doctor/hospital attended

Postcode Country

Telephone Number

Email address

We will store your details, which may include sensitive data, on our database. This will be for the purpose of managing your claim and may be shared with ALC Health, the underwriters of your policy SiriusPoint International Insurance Corporation (publ) and any third party administrators.

6 Important information

Please read carefully and keep for your records

Access to Medical Reports Act 1988:

You need to understand these rights before you agree to us requesting a report from the medical practitioner treating you.
These rights do not relate to reports from practitioners who are not responsible for treating you. Also, when we ask for information from your medical records such as a copy of your medical notes, only the first point applies.

- You can withhold your consent, but if you do so, we might not be able to process your claim.
- If we need a report we will write to you to tell you the date it was requested.
- You can indicate in the box in section 4 Declaration and consent of this form if you would like to see any report from the medical practitioner before it is sent to us. You have 21 days from the date of our request to do this and it is up to you to contact the medical practitioner. If you change your mind before the report has been sent to us, you can contact your medical practitioner to see it. You have 21 days from the date of our request to do this.
- If you disagree with the information in the report, you can contact the medical practitioner to change it. If the medical practitioner does not agree with you, they will ask you to write a statement to be attached to the report that is sent to us.
- You can ask the medical practitioner to see the report at anytime within six months of the medical practitioner sending it to us.
- Your medical practitioner may charge you for a copy of the report. This charge is not covered by your scheme/policy.
- Your medical practitioner does not have to show you parts of the report if they think it could cause harm to your physical or mental health.
- If the report includes information about someone else, the medical practitioner will not show you that part of the report.
- If the medical practitioner does not want you to see part of their report, they will tell you in writing, but you can still view other parts of the report.

General Data Protection Regulation (GDPR):

Information about health, medical history and any treatment that you have is sensitive personal information.

- We need your consent to process your sensitive personal information.
- If you would like to know what information we hold about you or to request erasure, please contact us.
- For a full description of how we gather and use your personal information and your rights under GDPR, please review our Privacy Policy at https://alchealth.com/privacy.htm

Auditing and the prevention and detection of crime.

We may audit the records of medical practitioners and hospitals to:

- Ensure that we are being correctly billed for their services;
- Prevent and detect crime, particularly fraud; or
- Review the performance of specialists.

Audits may be part of a programme or in response to a specific circumstance and may involve reviewing customers' medical records held by the person or organisation being audited.

We may need to share information that we receive with third parties. This includes medical experts, other insurers, the NHS Counter Fraud Security Management Service and the General Medical Council. We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crimes.

This may involve adding non-medical information to a database that will be viewed by other insurers and law enforcement agencies. We are required to notify the General Medical Council or other relevant regulatory body about any issue where we have reason to believe a medical provider's fitness to practice may be impaired.

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