



# Medical information form

## This form allows us to:

- Review the claim by providing us with some more detailed information about your treatment.

## About filling in this form

### So that we can review any claims as quickly as possible please:

- Make sure you fully complete this form, filling in any missing information in section one. We want to review this as quickly as possible for you but unfortunately, it may delay your claim if any sections are incomplete.
- Read, complete and sign the declaration and consent section. This allows us to contact the medical practitioner on your behalf if we need any more information to review your claim.
- Ask your medical practitioner or Specialist to complete the relevant sections on this form.
- Then send your completed form and signed by you as the patient and the medical practitioner to:  
AXA PPP International Limited, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL.  
If you have any questions about this form or your cover, please call us on 01892 503856. We're open 8am to 6pm Mon to Fri (UK time). Alternatively you can contact us online by following the instructions at [axapphealthcare.co.uk/ask](http://axapphealthcare.co.uk/ask).
- In this form when we use the terms 'AXA', 'we' and 'us' we mean AXA PPP International and/or AXA PPP International service providers.

## 1 Membership details

### 1.1 Lead member's details

|  |
|--|
|  |
|  |
|  |
|  |

### 1.2 Patient's details

Patient's name:

Date of birth:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

Membership number:

Claim number:

## 2 Information about your claim

### To be completed by the patient

Sometimes, we can recover the money we pay for treatment if it's as a result of an accident or injury and **someone else is at fault**. Answering these questions will help us decide if this is an option for us. This will not affect the outcome of any claim on your AXA PPP healthcare plan.

2.1 Is the treatment because of an injury caused by an accident? Yes  No

2.2 If yes, do you feel that someone else was at fault and caused the accident or injury? Yes  No

2.3 Do you have any other insurance policy that could also cover your costs, for example a travel policy? Yes  No

### 3 Payment details

This section only needs to be completed if you've already paid the hospital or medical practitioner for your treatment.

Please complete this section with your bank account details and send us the original receipts. We'll reimburse you by cheque or wire transfer directly to your bank account.

- We can't reimburse to credit or debit cards so please don't list any card numbers on this form.
- If you would like to be paid in Euros, please make sure you include the IBAN and Swift codes.

#### Paying the hospital directly

If you have treatment planned outside the UK and you haven't yet paid for this treatment, it may still be possible for us to pay the hospital directly. Please call us before you have your treatment on 0800 454 080 to arrange this.

3.1 Currency for claim to be paid in:

3.5 Country:

3.2 Bank account number:

3.6 IBAN (If this is relevant to your bank's location):

3.3 Payee name:

3.7 Swift or BIC code:

3.4 Bank name and address:

  
  

3.8 Account name:

3.9 ABA number:

#### Proof of payment

Please attach all invoices or receipts and/or proof that you have paid for the treatment as well as any medical certificates, correspondence or documents relevant to the claim. To avoid any delays with your claim please make sure you list:

- the dates of the treatment,
- the type of treatment,
- the invoice value and let us know whether you have already paid any of these.

### 4 Claiming cash benefit

4.1 Are you claiming a cash benefit for in-patient treatment received without charge?

Yes  No

If yes, please fill in the admission and discharge dates below and send us a certificate supplied by the hospital confirming these dates.

Admission:

Discharge:

Continued on next page

## 5 Patient's declaration and consent

### To be completed by the patient

Please read this declaration and the important information page at the end of this form and sign section 5.4.

Please make sure that you have read the Important information page at the end of this form.

I confirm that I have read the information in this document. I wish to claim benefit and declare that all the information I have given is, to the best of my knowledge, true and correct. So that my claim may be reviewed and settled, I give my consent to AXA PPP International processing the information on this form and in any medical reports or health records that may be requested.

- I acknowledge that you will send further correspondence about this claim to the lead member.
- I consent to AXA PPP International seeking and processing medical and health information, including medical reports and health records, if needed, from the patient's general practitioner and specialist(s) as is necessary.
- I also consent to and authorise the general practitioner, specialist and/or hospital involved in the patient's care reviewing medical or treatment details and discharge arrangements with AXA PPP International and providing medical reports and access to copies of such health records as may be requested by AXA PPP International, so that AXA PPP International can:
  - a) deal with the application/claim for benefit,
  - b) undertake audits and other investigations before and after a claim has been paid,
  - c) process and share medical and other information with third parties in circumstances which would help prevent and detect crime or where there may be a need to assess the performance of specialists and other practitioners.
- If my membership is provided to me as part of a company scheme and my employer requires me to make claims through a separate company that has been appointed to manage any claims:  
I consent to AXA PPP International providing this company with information, including my health and medical information, as well as the company disclosing similar information with AXA PPP healthcare when it is strictly necessary to manage my claim.

5.1 I declare that I am the patient.  Yes  No

5.2 Is the patient under 16 years of age?  Yes  No

a) If yes, I declare that I am the patient's parent.  Yes  No

b) If yes, I declare that I am the patient's guardian.  Yes  No

5.3 I wish to see any report from the medical practitioner before it is sent to you.  Yes  No

5.4 Signature: (To be signed by the patient or parent/guardian if the patient is under 16.)

5.5 Date:

## 6 About the patient's symptoms and medical information

### Sections six and seven to be completed by the medical practitioner

6.1 Medical condition that needs consultation or treatment:

6.2 If the claim is related to a pregnancy, is the pregnancy as a result of natural conception?  Yes  No

*Continued on next page*

## 6 About the patient's symptoms and medical information *continued*

6.3 Is it the patient's first pregnancy?  Yes  No

6.4 Has the patient had any previous complications that are related to pregnancy?  Yes  No

6.5 How long did the patient have the symptoms before visiting a medical practitioner?

6.6 What was the date the patient first visited any medical practitioner about the symptoms?

6.7 Please give a full history of the medical condition needing treatment including full details of any previous and current investigations, treatment or medications, together with any relevant dates:

6.8 Please confirm if the patient has sought treatment or advice from any medical practitioner, received any medication, or followed any special diet over the two years before the date of this episode.

Yes  No

If yes please give any details in the box below:

6.9 Please include any other medical history relevant to the condition being claimed for in the box below:

6.10 Please provide us with a full treatment plan, including the length of treatment and the likely dates of treatment sessions for the future.

*Continued on next page*

## 7 Medical practitioner's declaration

I am the patient's medical practitioner and confirm the information I have provided is correct to the best of my knowledge. I understand if any of the information is incorrect, this may affect my patient's claim for private healthcare expenses.

7.1 Signature:

7.2 Please print name:

7.3 Date:

Practice  
Stamp

### Patient's final checklist

Before you send this form back to us please make sure you have:

- Completed the payment details section in full (section three).
- Completed and signed the patient's 'declaration and consent' section (Section five).
- Taken the form to your medical practitioner to complete and sign sections six and seven.
- Read the following important information sheet and kept a copy for your records.





# Important information

Please remove this 'Important information' page and keep it for your information.

## Data Protection Act 1998:

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

- Usually we need your consent to process your sensitive personal information.
- For a small fee you can get a copy of the information we hold about you. We may need to get your doctors' or medical practitioners' consent to give certain medical information to you.
- If you believe that any information is wrong you can ask us to change it. We will either change it or explain to you why we won't do this.
- You may ask us, in writing, for a copy of any personal information contained in any report that we may ask from an independent doctor.
- You should contact your own doctors for any report that they produce.
- Claims information may be processed in confidence on our behalf, outside the European Economic Area.
- The lead member is the legal holder of the healthcare plan and we will therefore send emails or letters about the plan including letters or emails about a claim to the lead member.
- If you don't want the lead member to know about your condition you should not claim under the plan.
- If we receive medical records, and identify a medical condition that should have been declared on the plan application, we will use that information to amend the underwriting terms of the plan.

## Access to Medical Reports Act 1988:

The Access to Medical Reports Act refers to your rights that we need to make you aware of before you agree that we can ask for a report from your general practitioner or any specialist treating you. This Act doesn't relate to reports from practitioners who are not responsible for treating you, but you can ask us for the personal information contained in any independent reports (see Data Protection above).

These rights also don't apply when we ask your GP or specialist for copies of information from your medical records, although you can always withhold your consent for us to ask for this information.

- You can withhold your consent, but if you do so, we might not be able to pay your claim.
- If we request a report we'll write to you to tell you the date that we did this.
- You have 21 days from the date of our request to contact the doctor and arrange to see the report before the doctor sends it to us. It's up to you to contact the doctor. You can ask the doctor to see the report anytime within six months of the doctor issuing it. The doctor can charge you for a copy of the report. The cost of this is not covered by your plan.
- If you disagree with any of the information in the report you can ask the doctor, in writing, to change it. If the doctor doesn't agree with you, they will invite you to write a statement of your view, which will be attached to the report.
- If you tell us that you don't want to see the report and then change your mind before the doctor has sent it to us, you can write to your doctor who will give you access to the report.
- You will have 21 days from the date of your request to see the report. The sooner we receive the report, the sooner we can deal with your claim.

## Exemptions in the Access to Medical Reports Act 1988

- Your doctor doesn't have to show you any part of the report if doing so would, in the doctor's opinion, be likely to cause serious harm to your physical or mental health or which reveals the doctor's intentions in respect of you.
- If a report reveals information about someone else, the doctor won't show you that part of the report.
- If any exemption applies, the doctor will tell you this in writing, but you can still see any part of the report not covered by the exemptions.

## Auditing and prevention of crime

We audit the records of medical practitioners, hospitals and so on to:

- ensure that they're charging our members correctly for the services they've received,
- prevent and detect crime, particularly fraud,
- assess the performance of healthcare providers.

This helps us keep subscriptions at appropriate levels. Audits may be part of a programme or in response to specific circumstances. To help prevent and detect crime we also carry out other investigations including reviewing members' medical and other health records held by the person or organisation being audited, before and or after treatment.

We may pass information directly to third parties or by using shared databases. These third parties may include medical experts, other insurers, the NHS Counter Fraud Security Management Service, the General Medical Council and law enforcement agencies. This is to prevent or investigate crime, including fraudulent or other improper claims. In some circumstances we must give information about our suspicions of crime to law enforcement agencies. We must let the relevant regulatory body know when we have good reason to question a healthcare providers fitness to practice.

## Integrated healthcare for group health schemes

If you're a member of a company healthcare scheme your employer may also provide or use our Occupational Health Service and/or Employee Assistance Programme. These services are provided by separate companies.

With your consent we and these companies will share sensitive and/or personal information, in confidence on an ethical need to know basis to provide you and your employer (in the case of Occupational Health Services and the Employee Assistance Programme), with support and advice about your health.