CLAIM FORM

Bupa in Malta
is brought to you by
GlobalCapital
the insurance specialist

Bupa

Important information
To make a claim, simply complete the questions on this form and return it to:
GlobalCapital Health Insurance Agency Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta.

For pre-authorising treatment or for questions when completing this form please call us on 21 342 342.
Please ensure that all sections of the claim form are fully completed in block letters. Note that claims' payment may be delayed if all sections are not completed in full. Ensure that you always enclose original invoices and receipts - photocopies/credit card vouchers are not acceptable. Clinic fees and waiting room fees are not refundable.

Please complete a new/separate claim form for:

- each patient
- each in-patient/day-case stay
- each medical condition
- each currency

This form should be returned to us immediately or within three months of the initial treatment.

1. PRINCIPAL MEMBER'S DETAILS

Membership number
Group (if applicable)
Name and Surname
ID number
Address
Telephone
Mobile
Email

2. PATIENT'S DETAILS (to be completed by the patient undergoing treatment)

Membership number
Name and Surname
ID number
Date of birth
Occupation
Telephone
Mobile
Email
Symptoms for seeking medical advice
Onset date of symptoms first noticed by patient
Are some of the costs recoverable from someone else? Y N
(For example another insurer or a person/organisation involved in an accident. If the answer is 'yes' please give details in a covering letter)

DECLARATION (to be completed by the patient)

I confirm that the information I have given on this form is accurate and correct, to the best of my knowledge.
I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998, to process my personal information with respect to this claim.

Patient's signature
(parent or guardian if patient is under 18)
Date

3. PAYMENT DETAILS

The instructions you gave us in relation to our payment of claims to you will continue to apply unless you wish to change these for future claims by ticking the following box ☐

In such cases, we will then send you a new payment instruction form that you are asked to complete and return to our offices for processing of future claims.

4. FAMILY DOCTOR (to be completed by the family doctor)

Patient's Name and Surname

Details of symptoms, diagnosis/condition

Onset date when symptoms first noticed by patient

Has patient been treated for this condition before? Y N (if yes, when?)

Drugs prescribed, investigations or treatment required

What other treatment/medication is patient currently taking?

Details of specialist/therapist to whom patient has been referred to

How long have you been the Family Doctor of this patient?

Telephone

Email

Date

Family Doctor's signature and stamp

5. SPECIALIST/THERAPIST (to be completed by the referred specialist)

Patient's Name and Surname

Details of symptoms, diagnosis/condition

Onset date when symptoms first noticed by patient

Has patient been treated for this condition before? Y N (if yes, when?)

Drugs prescribed, investigations or treatment required

Telephone

Email

Date

Specialist/therapist signature and stamp

6. IN-PATIENT AND DAY-CASE TREATMENT (to be completed by hospital/clinic official)

Hospital/clinic

Admission/discharge date

Signature of hospital official and hospital stamp

Date of operation

Who would you like us to pay? ☐ Hospital ☐ Consultant ☐ Principal member (Tick one only)

7. YOUR CONSENT TO OBTAIN MEDICAL REPORT

Important information - please read this carefully

The undersigned authorises and requests any hospital/clinic, specialist, physician or other health provider to furnish GlobalCapital Health Insurance Agency Limited, or its duly authorised agent acting on GlobalCapital's behalf, with such information as GlobalCapital or that agent may seek from them in connection with any treatment or other services provided to me or my dependants for the purpose of GlobalCapital considering this claim.

Any other information/ documentation/ reports, etc are to be forwarded to us upon request. Failure to do so could prejudice the payment of your claim.

Data Protection Notice

Purpose: Personal data collected on you, and where appropriate your family, will be used by GlobalCapital and Bupa to process your claims and administer your policy. It may be used to detect and prevent fraud or improper claims.

Confidentiality: The confidentiality of patient and member information is of paramount concern to GlobalCapital and Bupa. To this end GlobalCapital and Bupa fully comply with Data Protection legislations and guidelines and other legislation concerning client confidentiality.

Member details: All membership documents and confirmation of how we have dealt with a claim you may make will be sent to the principal member.

Fraud: Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Medical information: Medical information will be kept confidential. It will only be disclosed to those involved in your treatment or care, including your Family Doctor/Primary Health Physician or their agents, and if applicable, to any person or organisation that may be responsible for meeting your treatment expenses or their agents. Claims information may be discussed with GlobalCapital Insurance Intermediary/Advisor where you have requested the Advisor to assist you.

Keeping you informed: Bupa Malta is brought to you by GlobalCapital Health Insurance Agency Limited. Bupa and GlobalCapital p.l.c. subsidiaries would, on occasion, like to keep you informed of products and services which it considers may be of interest to you.

Contact Address: If you do not wish to receive this information, or have any other Data Protection queries please write to the Customer Services Manager, GlobalCapital Health Insurance Agency Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta, email **bupa@globalcapital.com.mt** or Bupa Group Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA, United Kingdom, email **dataprotection@bupa.com**

If you have any queries regarding your claim, please contact our Customer Services Department on 21 342 342.

GlobalCapital Health Insurance Agency Limited (GCHIA) acts as a branch for Bupa Insurance Limited, which has passported its services through the European Passport Rights for Insurance and Reinsurance Undertakings Regulations. GCHIA is registered as an insurance agent and is regulated by the Malta Financial Services Authority. Registered office: GlobalCapital Health Insurance Agency Limited, Testaferrata Street, Ta' Xbiex XBX 1403, Malta. Company Registration No. C6393.