

CLAIMS PROCESS EXPLAINED

PLEASE READ CAREFULLY

- Please find enclosed Part A of the claim form. This should be completed by your General Practitioner and returned to us. We may request medical records at this stage.
- We will then notify you whether or not the required consultation or treatment is covered by your Policy.
- Once you receive confirmation, see your chosen Specialist.
- If your Specialist recommends further treatment or surgical procedure(s), Part B of your claim form should be completed by your chosen Specialist, confirming that the treatment or surgical procedure is medically necessary, and returned to us for approval.
- We will then notify you whether or not the required treatment or surgical procedure is covered by your Policy.
- We will then confirm the monetary amount your Policy pays in respect of the claim. Freedom Healthnet Ltd pays a benefit for each in-patient/day-patient procedure up to a limit set out in the Schedule of Procedures. Examples of these can be found at www.freedomhealthnet.com
- We can make direct payment to your bank account if required.
- It is important that you advise the hospital that you are a self-pay patient **prior to admission.**

General notes

- As out-patient costs are lower and more frequent, we generally settle by reimbursement, once you have provided proof of payment for medical expenses. However, where practical, Freedom Healthnet Ltd will settle your pre-authorised medical expenses direct to the hospital.
- We reserve the right to require you to get a second opinion from a Specialist of our choosing. We shall be responsible for the Specialist's costs for the second opinion.

Once you have received your benefit you have several choices:

• Treatment at a private hospital in the UK as a self pay patient

Fixed Price Package – most hospitals will offer fixed price packages where the cost of the procedure and all associated costs are fixed. The cost of treatment may vary depending on your individual circumstances but the cost will be guaranteed prior to the service. If the cost of the treatment is lower than the benefit level then you will be able to keep the surplus. Please note you are responsible for settling any invoices associated with the procedure directly with the hospital and any shortfalls if the hospital charge exceeds your procedure benefit.

Fee per service – some hospitals may decline to give you a fixed price quote if you either have an unusual procedure or if your medical circumstances make it difficult to know how much medical care will cost. In these cases you will be responsible for settling any invoices associated with the procedure directly to the hospital.

• Treatment on the NHS

If you choose to have a surgical procedure on the NHS, you can keep the full benefit amount.

• Treatment abroad

You can choose to have your treatment anywhere in the world. If the cost of the treatment is lower than the benefit level then you will be able to keep the surplus. Please note you are responsible for settling any invoices associated with the procedure directly to the hospital.

For full details please refer to your Policy Document.



Your Choice

Claim for Benefits from Freedom Healthnet

Notes on making a claim

- Issuing a claim form is not confirmation that the treatment you require is covered.
- Before submitting a claim, please read your policy document to remind yourself of the benefits you selected, any exclusions, and the claims procedure.
- Fill in this form as fully as possible. The more information we have the quicker we can assess your claim and certify your consultation/treatment, if covered.
- If your general practitioner or specialist makes a charge for completing their part of the form, you are personally liable for these charges.
- Any questions you may have relating to the completion of this form should be referred to our Claims Helpline on 08703 50 40 30 where one of our experienced staff will be happy to assist.
- When the claim form is complete, please send it to:

Claims Department, Freedom Healthnet Ltd, Bourne Gate, 25 Bourne Valley Road, Poole BH12 1DY.

Moratorium explained

We exclude any conditions for which you have received medication, advice or treatment or you have experienced symptoms whether the condition has been diagnosed or not in the five years before the start of your cover (pre-existing conditions).

Related conditions (those which are medically considered to be associated with a pre-existing condition) will also not be covered.

However, if you have not had any such symptoms, treatment, medication or advice for a pre-existing condition or any related condition for a continuous period of 2 (two) years after the start date of your Policy for a particular condition, the condition will become eligible for cover under this Policy. This period is known as the Moratorium.

IMPORTANT

If you have not received certification of treatment in writing, we may decline to pay for any treatment you have undergone.

1. About your policy (To be completed by the policyholder)

Policy number					Title (Dr/Mr/Mrs/Miss/Ms/Other)		
Forename(s)			Surname				
Date of birth dd/mm/yyyy	-	-	Occupation				
Address						Postcode	
Telephone numbers (inc. area code)	Daytime			Evening			
Mobile				E-mail address			

2. About the patient (To be completed by the patient)

Please tick (one box only)			
Are you:	The policyholder?	<input type="checkbox"/>	Go to 3
	The policyholder's partner?	<input type="checkbox"/>	Complete details below
	The policyholder's child?	<input type="checkbox"/>	Complete details below
	The policyholder's employee?	<input type="checkbox"/>	Complete details below

Title (Dr/Mr/Mrs/Miss/Ms/Other)		Forename(s)		Surname		
Date of birth dd/mm/yyyy	-	-	Occupation			
Address					Postcode	
Telephone numbers (inc. area code)	Daytime			Evening		
Mobile				E-mail address		

3. About the claim (To be completed by the patient)

Please provide details of the condition or symptoms which require advice or treatment?

Please provide dates of when initial signs/symptoms first became apparent? dd/mm/yyyy

When did you first consult your general practitioner?

dd/mm/yyyy

Is the condition/symptoms the result of an accident? Yes No

If yes, please provide details of circumstances surrounding the accident.

Please provide the following details about your General Practitioner:

GP's name			
GP's Address			
		Postcode	
GP's telephone number		No. of years with this GP	

Have you consulted any other General Practitioner (outside your practice) over the last 5 years (including private GP's)? Yes No

If yes, please give details.

4. Access to medical reports / medical records

(To be completed by the policyholder and (if different) the patient)

Before we can assess your claim, we may need your doctor to complete a medical report or send us copies of your medical records. In this respect, the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 provide you with certain legal rights.

The main points are:

- We need your consent before we apply to your doctor for a report/medical records.
- You can refuse, but if you do, we may not be able to proceed with your claim.
- You can ask to see your doctor's report/records before it is sent to us.
- If you tick the box below indicating that you want to see the report we will:
 - tell your doctor you want to see the report/records.
 - write to you confirming we have told your doctor.You then have 21 days to arrange with your doctor to see the report/records.
- Your doctor cannot send us the report/records without your consent, but if you fail to make arrangements to see it within 21 days, it will be sent to us.
- If you think any part of the report/records is wrong or misleading, you can ask your doctor to change it.
- If your doctor does not agree to the changes you ask for, you can attach your own comments to the report.
- There may be parts of the report/records you are not entitled to see. These are any part which:
 - your doctor believes could seriously harm your physical or mental health or the interests of others.
 - reveals information about another person or the identity of someone who has given the doctor information about you (unless that person consents or is a health professional who is or has been involved in caring for you).
- If you do not ask to see the report/records before it is sent to us, you can still ask your doctor to provide a copy of it for up to six months. Your doctor may charge you for this.

Declaration (including consent to obtain medical information from your doctor)

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

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and the access to Personal Files and Medical Reports (Northern Ireland) Order 1991 as explained above. Regarding my claim submitted, I hereby consent to Freedom Healthnet being provided with medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health, and to this information being passed to Freedom Healthnet administrators and being used for future possible claims. I agree that a copy of this consent shall have the validity of the original.

I do do not wish to see any report/records before it is sent to Freedom Healthnet (please tick one box)

Signed Policyholder

Date dd/mm/yyyy

Patient (if different)

Date dd/mm/yyyy

(For office use only)	Policy Number	
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Medical statements (To be completed by the patient's general practitioner)

PLEASE NOTE: Providing false information, misleading information or knowingly omitting pertinent information is an offence and will be reported to appropriate authorities and the GMC. Copies of the patient's records may be requested at a later date.

Patient Details

Patient's name		Date of Birth	—	—
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Your name				
Your address		Postcode		
Telephone number (inc. area code)				

Since what date have you been the patient's medical practitioner?

Please provide details of the medical condition, signs or symptoms requiring treatment?

On which dates did the patient consult you about the signs or symptoms?

To the best of your knowledge, when did the patient first become aware of the signs or symptoms and how long did it last?

If the signs or symptoms are pre-existing, or relate to a previous episode please provide full details.

Would you describe the condition as: Chronic or long-term Acute episode of a chronic condition Acute

If chronic or long term:

On what date was the condition so diagnosed? dd/mm/yyyy

Please provide details of treatment or investigations that have been given to date, together with dates of all diagnosis and prescriptions and OPCS codes.

Name of specialist to whom patient is being referred

Address

Relevant qualifications

Date of referral letter dd/mm/yyyy (Please attach copy)

DECLARATION A (to be signed by patient's general practitioner)

I declare that to the best of my knowledge and belief the statements I have made above are full, true and complete.

General practitioner's practice stamp

Signature of GP

Date dd/mm/yyyy