



International self-certification form

For instructions on how to claim, please read the notes below.

Complete all sections of the self-certification form. Please complete this form in block capitals. Ensure that all relevant invoices and receipts are attached. Please note that photocopies are not accepted.

Guidance notes for policyholders

Failure to answer all questions and include all required documentation will result in this self-certification form being returned to you for completion and may delay in the processing of your claim.

1. This self-certification form is not an admission of liability.
2. For audit purposes, we will retain invoices connected with your claim. We will supply you with photocopies on request.
3. The declaration on this self-certification form must be signed and dated.
4. If you have any questions regarding this form or any other aspect of your cover, please feel free to contact us by telephone + 44 (0)1892 503 856, fax + 44 (0) 1892 503 189 or via www.axapphealthcare.co.uk/ask
- 5 Please send all completed/signed correspondence to AXA PPP International, International Customer Service, Phillips House, Crescent Road, Tunbridge Wells, Kent, TN1 2PL, United Kingdom.

1 Policyholder's and patient's details

1.1 Patient's name:

1.2 Patient's date of birth:

1.3 Patient's name and address:

1.4 Policyholder's name:

1.5 Customer number:

1.6 Telephone number (daytime/evening):

1.7 Email address:

2 Payment details

We normally settle eligible invoices direct with the hospital and medical practitioner concerned. **Please check with the hospital if they will be paid directly by AXA PPP International and if so, please do not complete this section.** If the invoices we receive from you have not been paid we will do that automatically. If you have already paid the invoices yourself please send us the receipts and we will reimburse you by cheque or wire transfer direct to your bank account. For reimbursements please complete this section with your bank account details. We cannot reimburse to credit or debit cards, so please do not list any card numbers on this form.

2.1 Currency for claim to be paid in:

2.2 Bank account number:

2.3 Bank name and postal address:

2.4 Country:

2.5 IBAN*:

2.6 Swift code*:

2.7 Account name:

2.8 ABA number:

*Note: the IBAN and Swift codes are required if payment is to be made in Euros

continued overleaf

3 Verification of accounts

All invoices and or proof of payments made, medical certificates, correspondence or documents related to this/these claims should be attached to this self-certification form. (Where possible we will pay the in-patient bills directly to the hospital.) Please list dates and type of treatment, invoice value and advise if you have paid any. Failure to do so may result in a delay in your claim being paid.

3.1

4 Claim details

You must make sure that all information you give us is true, accurate and complete. If we discover later it is not then we may cancel your policy or refuse your claim and we will recoup any monies we have paid in respect of that medical condition.

4.1 Have you ever had or been treated for this type of injury or illness before? Yes No
If yes, please give details below.

4.2 How did the condition begin? State fully all symptoms and describe the condition in detail from the beginning. For accidents, include how, when and where the accident occurred.

4.3 Please give brief details of the condition, from when you first became aware of it.

4.4 If this claim is related pregnancy: is the pregnancy a result of natural conception? Yes No

5 Additional information

5.1 Hospital details

Are you claiming cash benefit for in-patient treatment received without charge? Yes No

If Yes, please state the admission and discharge dates and enclose a certificate from the hospital confirming the dates of the stay.

Admission date:

Discharge date:

5.2 Third party involvement

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

5.3 If yes, did it involve a third party you may be making a claim against? Yes No

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



Patient's details

Patient's name:

Policyholder's name:

Patient's date of birth:

Customer number:

6 Patient's 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.

- I consent to AXA PPP International limited reviewing the information on this form.
- I consent to AXA PPP International limited requesting medical information, if needed from the patient's medical practitioner and/or hospital.
- I consent to the medical practitioner and/or hospital providing medical reports and access to copies of such health records as may be requested by AXA PPP International limited. This is so that AXA PPP International limited can:
 - a. deal with the application/claim for benefit;
 - b. undertake audits and other investigations; and
 - c. process and share medical information with third parties where there is a legal requirement to do so.
- I consent to AXA PPP International limited reviewing the information in any medical reports or health records that may be requested.
- I consent to the medical practitioner and/or hospital involved in the patient's care reviewing medical or treatment details and discharge arrangements with AXA PPP International limited.

I agree that AXA PPP International limited will send all further correspondence about this claim to the policyholder unless I ask you not to.

6.1 **I declare** that I am the patient

 Yes No

6.2 **Is the patient under 16** years of age?

 Yes No

6.3 **If yes, I declare** that I am the patient's parent/guardian

 Yes No

6.4 **I wish** to see any report from the medical practitioner before it is sent to you.

 Yes No

6.5 Signed*:

(*To be signed by the patient or parent/guardian if the patient is under 16)

Date:

6.6 Patient's full name

Checklist (Tick the appropriate boxes in this section)

- 1. Completed the patient's details (section 1)
- 2. Completed the payment details (section 2/3)
- 3. Completed the claim details (section 4)
- 4. Completed the additional information (section 5)
- 5. Completed the declaration and consent (section 6.1–6.4)
- 6. Signed and dated the form (section 6.5–6.6)



If you have any questions about this form or any other aspect of your cover, please feel free to contact us by Telephone: +44 1892 503 856, Fax: +44 1892 503 189 or email at www.axapphealthcare.com/ask

continued overleaf

7 Important information

Please read carefully.

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 6 Declaration and consent 6.4 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.

Data Protection Act 1998:

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.
- You are entitled to receive information we hold about you. We may make a small charge for providing this.
- You can write to us to ask for a copy of any personal information contained in an independent report we have requested.
- If you would like a copy of a medical report that your medical practitioner has sent to us, you will need to contact them directly.
- Your claims may be processed in confidence on our behalf, outside the European Economic Area.
- We will send all claims correspondence to the policyholder unless you ask us not to.

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 practise may be impaired.

