

Filling out this form

- Use this form to make a claim for 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) 2920 474 236

What's next?

Send your completed form to us together with any invoice or receipts 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.

Email: IMGEuropeClaims@imgeurope.co.uk

Fax: +44 (0) 2920 468 797

Post: IMG Europe Claims Department
PO Box 1114 Cardiff CF11 1UL
United Kingdom

1 Policyholder and patient's details

Patient's details

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Patient's first name(s)

Patient's surname

Date of birth (DD-MM-YYYY)

Patient's Customer and Policy Number

Patient's contact numbers

T:

M:

Patient's postal address

Postcode

Country

Patient's email address

Policyholder's details

Policyholder's first name(s)

Policyholder's surname

2 Payment details

If you have paid the invoices, we will refund you to the account you give below.

Have you already provided IMG Europe Limited with your payment details?

☐ No ► Please complete the rest of this section ☐ Yes ► Go to section 3

Account name

Account number

Sort code

Bank name and address

Postcode

Country

Currency to be paid in

IBAN

Swift code

ABA number

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:

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	Invoice Date	Amount (including currency)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Declaration and consent

IMG Europe Limited have appointed IMG to manage claims on its behalf.

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 **IMG** reviewing the information in any medical reports or health records that may be requested.
- I consent to **IMG** sharing the medical and health information contained in this form, a health record or any medical reports with the underwriters, Sirius International Insurance Corporation publ, UK branch.
- I consent to the medical practitioner, and/or hospital involved in the patient's care reviewing medical or treatment details and discharge arrangements with **IMG**.

- ☐ I declare that I am the patient
▶ if the patient is under 16, a parent or guardian should mark this box and sign below on behalf of the patient ☐

- ☐ I wish to see any report from the medical practitioner before it is sent to you
- ☐ I agree to receiving benefit statements and personal medical information via email

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

Date signed (DD-MM-YYYY)

Patient name

5 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://www.imgeurope.co.uk/legal-information/privacy-policy.aspx>

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.