

# Travel claim form

## Emergency medical treatment

Please help us to review your claim quickly by writing clearly



## Claim details

To be completed by the patient making the claim

### Here to help

0345 602 0303

8am to 8pm, Monday to Friday  
9am to 5pm, Saturday and bank holidays

### 1 Patient's details

Membership number

Patient's name

Address

  

Postcode

Patient's date of birth

  /   /    

Is the patient under the age of 16?

No – please give the patient's telephone number and email address.

Yes – please give the lead member's full name, telephone number and email address.

Lead member's name

Phone number

Email address

## Travel claim form continued

### 2 How you'd like us to pay

#### Bank account details

> We will pay the patient if they are aged 16 or over. If the patient is under 16 we will pay the lead member.

#### Account holder's name

#### Bank/building society account number

#### Branch sort code

 -  - 

#### Bank account details

The bank account must belong to the patient (or the lead member if the patient is under 16).

We'll hold onto these payment details in case you want to use them for future claims payments on this plan. If the payment details change, or you want us to use different payment details in future, please let us know.

### 3 UK doctor's details

#### Doctor's name

#### Practice name and address

  
  
 Postcode

#### Practice phone number

#### Practice email address

### 4 Travel details

#### Destination of overseas journey

#### Dates of planned journey

##### Outward journey

 /  / 

##### Return journey

 /  / 

##### Date booked

 /  /

## Travel claim form continued

Dates of actual journey (if different)

Outward journey

/   /

Return journey

/   /

Evidence of travel dates

> For your claim to be valid, you must supply the booking invoices or travel tickets, as confirmation of the dates to and from the UK. This will help to confirm whether your journey was within the trip length covered by your plan.

### 5 Other insurance

Can you claim for the cost of the treatment elsewhere?

> for example another travel or medical insurance policy, a company scheme, credit card or bank account

No

Yes – please confirm details below (This will not affect the eligibility of your claim)

### 6 Claim details

Please give a full description of the injury/illness and the treatment prescribed

Please confirm the exact date on which the injury occurred or the illness started

/   /

Please give an account of the circumstances surrounding the injury/illness

Have you/the patient ever suffered from this condition before?

No

Yes – please confirm the date the condition first arose

/   /

## Travel claim form continued

Was the treatment due to an injury caused by an accident?

No

Yes - did the incident involve:

a motor vehicle

an accident in a hotel/apartment

a sports accident

other

If 'other', please specify:

If this was a winter sports accident, were you:

On piste?

Off piste?

If this relates to a sporting injury, were you playing sport professionally?\*

No

Yes

*\*By 'professionally', we mean that you are engaging in, or training for, any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).*

# Travel claim form continued

## 7 Medical and additional

Please enclose the following evidence to support the expenses you’re claiming for:

- all original accounts, receipts, bills and proof of payments made
- medical certificates
- any other documents or correspondence relating to this claim

> If you or another person paid by credit card, please send us a copy of the statement. This will ensure that we use the correct exchange rate, otherwise we'll have to use the exchange rate on the day we review your claim which may not be the same.

What’s the amount for? (for example, consultation charge, etc.)	Name and address of doctor or hospital attended	Currency	Amount being claimed	Have you paid the amount? (please tick)

Expenses (£ sterling)	<b>Total</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	
Total expenses (other currency)		<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

## Travel claim form continued

### 8 Declaration and consent

> Make sure that you read and understand the 'About your information and medical reports' section at the end of this form before you sign.

I wish to claim benefit and I declare that all the information I have given on this form is correct to the best of my knowledge.

I consent to:

- a) AXA Health requesting medical and health information from the patient's healthcare practitioner and/or hospital
- b) the healthcare practitioner and/or hospital providing that health information in reports, or by copies of my health records and medical information, to AXA Health
- c) the healthcare practitioner and/or hospital involved in the patient's care reviewing medical information and discharge arrangements with AXA Health for the following reasons:

*(Please tick 'yes' or 'no' for each of the following)*

- to assess and subsequently review my claim and apply policy terms/exclusions\*

No

Yes

- to audit healthcare practitioner and hospital records to review their performance and ensure that AXA Health is being billed correctly

No

Yes

\*if you tick 'no' we may not be able to assess your claim.

> If the patient is under 16, their parent or guardian must complete this section.

**Name**

I am the patient

I am the parent or guardian

**Signature**

**Date of signature**

  /   /    

I wish to see any report from the medical practitioner and/or hospital before it's sent to AXA Health.

> We may only keep full copies of information we get from your medical records for three months after we've reviewed your claim. We'll then delete them from our system. This means that if you later claim for a different medical condition, we may need to request them again.

## Travel claim form continued

### Next steps

#### Help us process your claim quickly

Have you:

answered all questions?

signed your form?

Enclosed:

evidence of travel dates (*section 4*)

supporting information for medical and additional expenses (*section 7*)

a copy of your credit card statement (*if applicable*) (*section 7*)

---

#### Where to send the form

Mail to:

AXA Health

International House

Forest Road

Tunbridge Wells, Kent

TN2 5FE

or upload at:

[www.axahealth.co.uk/travelclaim](http://www.axahealth.co.uk/travelclaim)

### About your information and medical reports

> Please keep this information in case you need to refer to it in the future

#### Access to Medical Reports Act 1988

It's important that you understand your rights under the Access to Medical Reports Act 1988 before you agree to us requesting a report from the GP or hospital treating you.

#### Medical reports

If we ask for a medical report:

- You don't have to give your consent. If you don't give your consent we cannot request the medical report so may not be able to process your claim.
- We will contact you to tell you the date we requested it.
- You can see the report before it is sent to us. If you want to do this, you must contact the medical practitioner within 21 days of the date of our request. Please tick the box in section A2. If you don't tick the box but then change your mind, you can contact your medical practitioner and ask to see the report. You have 21 days from the date of your initial request to see it.
- If you disagree with the information in the report, you can ask the medical practitioner to change it. If the medical practitioner does not agree with you, they will ask you to write a statement to go with the report that is sent to us.
- You can ask the medical practitioner to see the report at any time 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 plan.
- 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, or if it shows future plans for your care that the medical practitioner doesn't want you to see.
- If the report includes information about someone else, the medical practitioner will not show you that part of the report.

These rights do not relate to reports from practitioners who are not treating you and who we might ask for an opinion.

#### Preventing and detecting crime, and auditing records

We may audit the medical records of medical practitioners and hospitals to:

- prevent and detect crime, particularly fraud;
- review the performance of specialists;
- ensure that we are being correctly billed for their services.

Audits may be part of a programme or in response to a specific event.

#### Sharing information

We may need to share information with third parties, including medical experts, other insurers, the NHS Counter Fraud Security Management Service and the General Dental Council.

In certain circumstances, we are required by law to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crimes. This may involve adding non-medical information to databases that can be viewed by other insurers and law enforcement agencies.

We are required to tell the General Medical Council, or other relevant regulatory body, about any issue where we have reason to doubt a medical provider's fitness to practise.



## Travel claim form continued

### Data protection

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

- We'll handle your personal data in accordance with the Data Protection Legislation.
- You are entitled to see information we hold about you.
- You can write to us to ask for a copy of any personal information about you in any independent reports we request.
- If you would like a copy of a medical report that your medical practitioner has sent to us, it will be quickest if you contact them direct because we will have to get their permission to release it to you.
- We process claims outside the European Economic Area.
- If any medical records we receive show that a medical condition should have been declared on your plan application, we may change the terms of your plan.
- For our full Privacy Policy please visit [www.axahealth.co.uk/privacy-policy](http://www.axahealth.co.uk/privacy-policy).

**Travel claim form continued**