

2 Medical details (all sections must be completed by the doctor in overall charge of the patient's treatment)

Medical Practitioner's details:

Name:

Address:

Qualifications:

Diagnosis:

Onset date when symptoms first noticed by patient:

When did the patient first see a doctor?

Details of treatment:

Details of operation:

Details of medication:

Dental treatment

Annual check Preventive

Major restorative Orthodontics

Accident / emergency treatment

Details of treatment:

Hospital dates: Admission date: Discharge date:

Name and address of admitting hospital: Reference number:

Name:

Address:

Telephone:

Fax:

Email:

Medical practitioner's / dental surgeon's signature

Date


IMPORTANT INFORMATION

We can settle claims in over 80 currencies. In a few cases where we cannot settle in the currency requested, we will reimburse you in US Dollars.

Who would you like us to pay? <i>(please tick one only)</i>			
Doctor / hospital	<input type="radio"/>	Principal member	<input type="radio"/>
Patient	<input type="radio"/>	Group <i>(if on a company plan)</i>	<input type="radio"/>

Please complete either Section A or Section B

Section A - Payment by cheque

In which currency would you like us to pay the cheque? <i>(please tick one only)</i>	
Currency of your invoices	<input type="radio"/> US Dollars <input type="radio"/>
Currency of your bank account	<input type="radio"/>
 Please specify this:	<input type="text"/>
<i>Cheques payable to members will be sent by post to the correspondence address provided on the front page.</i>	

Section B - Payment by Electronic Funds Transfer to a bank account *(applies only to non-USA claims)*

Bank name:	<input type="text"/>
SWIFT / BIC code *:	<input type="text"/>
Sort code (UK only):	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account number / IBAN:	<input type="text"/>
Account name / payee:	<input type="text"/>
Currency for the transfer:	<input type="text"/>
Bank address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Post / Zip code:	<input type="text"/>
Country:	<input type="text"/>

***In order to process your payment as quickly and securely as possible, we strongly recommend that you provide both your IBAN and the SWIFT code of your bank branch. Your bank will be able to provide you with this information if necessary.**

We recommend that bank transfers are made in the currency of your bank account.

If you have asked us to pay the provider, and an annual deductible applies to your cover, the deductible will be collected using your direct debit or credit card.

We will instruct our bank to recharge the administration fee relating to the cost of making the electronic transfer to us, but we cannot guarantee that these charges will always be passed back for us to pay. In the event that your local bank makes a charge for an electronic transfer, we will aim to refund this charge.

If we are unable to pay direct to a bank account, or no account details are provided, we will pay by cheque.

We reserve the right to send any benefit due to an appropriate person - for example, the executors of the will of someone who has died or the dependant on your membership who has paid the bill.

