



Claim form

To make a claim you can use our online claims portal at bupa.co.uk/cash-plan-claims. Or you can submit a claim form to us by post to **Bupa, Anchorage Quay, Salford Quays, Salford M50 3XL**.

Before you send the form to us please make sure that all relevant sections have been completed – this will help us to deal with your claim as quickly as possible.

If you have any queries when claiming, please call us on **0345 606 6003**. We may record or monitor our calls.

Please complete claim form in BLUE or BLACK INK.

A. Your personal details

Please tell us about yourself here (to see how we use your information, please refer to page 5).

Membership number

Mr / Mrs / Miss / Ms / Other (please circle or list title if other)

First name(s)

Surname

Address

Postcode

Telephone number – daytime

Telephone number – evening

Mobile telephone number

Email address

B. Who are you claiming for

Please tell us about who the claim is for here.

Main member Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Adult dependant Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child dependant Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of dependant

Is this claim as a result of a third party accident or injury? (please tick) Yes No

C. Claim details

1. Received claims

Please complete this claim form in conjunction with your table of cover and membership guide for the full terms and conditions of your cover.

Please tick the appropriate box for the benefit that you are claiming for below.

Allergy testing	<input type="checkbox"/>	Number of claims	Total amount £
Chiropody/podiatry	<input type="checkbox"/>	Number of claims	Total amount £
Consultation and diagnostic tests or scans	<input type="checkbox"/>	Number of claims	Total amount £
Dental	<input type="checkbox"/>	Number of claims	Total amount £
Flu jab	<input type="checkbox"/>	Number of claims	Total amount £
Funeral grant	<input type="checkbox"/>	Number of claims	Total amount £
Health assessment/screening	<input type="checkbox"/>	Number of claims	Total amount £
Home help	<input type="checkbox"/>	Number of claims	Total amount £
Medical devices	<input type="checkbox"/>	Number of claims	Total amount £
Optical	<input type="checkbox"/>	Number of claims	Total amount £
Physiotherapy, osteopathy, chiropractic, acupuncture, homeopathy, reflexology	<input type="checkbox"/>	Number of claims	Total amount £
Prescription	<input type="checkbox"/>	Number of claims	Total amount £

2. Dental injury

Please tell us about your dental injury here. Please enclose your fully paid receipt from the dentist confirming your treatment.

Patient's name _____ Official stamp of dentist _____

Date of accident

Cause of accident _____

Signature of dentist _____

3. Maternity/birth and adoption

Please submit a certified copy of the full birth/adoption certificate(s) in support of your claim.

Child's first name(s) _____ Surname _____

Gender (please tick) Male Female Date of birth

Child's first name(s) _____ Surname _____

Gender (please tick) Male Female Date of birth

4. Hospital in-patient/hospital day-case

I authorise the hospital to disclose the reason for my admission

Patient's signature (or signature of legal guardian if the patient is under 16)

For hospital use only

Hospital number

Official hospital stamp

Full name of patient

I certify that the patient above was admitted to the establishment named below:

Hospital name

As a day-patient, admission on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Or

As an in-patient, admitted on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

and discharged on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If during the above period the patient was away from hospital for one or more nights please give dates.

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please state the condition for which the patient was admitted

Parental stay

I confirm that (name of parent)

stayed overnight with the patient.

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of authorising officer

Position held

D. Payment details

If you pay via Direct Debit, all claims will be paid into the nominated bank account that your subscriptions are taken from. If you do not pay via Direct Debit, or have not already provided nominated bank account details, then please provide your nominated details below.

Account holder name

Bank/building society name

Sort code - -

Account number

E. Member declaration

Please read the following carefully before signing the declaration.

I declare that I am not claiming for this claim under another health insurance product.

I understand that any fraudulent claims may result in legal action being taken and immediate cancellation of my policy.

I authorise any medical practitioner or other person(s) concerned with providing health care to give you any information relevant to this claim.

By submitting this information I confirm that I am doing so with the knowledge and permission of the main member.

I declare the information shown on this form and any accompanying documentation is true and complete

Signature (of member)

Date

F. Checklist

Please ensure your receipt(s) detail the following:

- The name and qualifications of the practitioner/consultant
- The full name of the person who received the treatment
- Details of the treatment including the date it took place and the cost

Before you submit your claim form, please be sure you have:

- Completed sections A, B, C and D (if applicable)
- Signed and dated section E
- Attached relevant named receipt(s)

If relevant:

- For funeral claims, have you enclosed a certified copy of the death certificate and any supporting documents
- For maternity/adoption claims, have you enclosed a certified copy of birth certificate/adoption papers
- For hospital claims, has the hospital completed, stamped and signed the hospital benefit section
- For prescription claims we require proof of payment and an FP57 or a copy of your named prescription

Terms and conditions

- Terms and conditions including exclusions and qualifying periods apply, which can be found in your membership guide and table of cover. Benefit limits are shown on your table of cover.

Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use and protect it. It also provides information about your rights. Further details can be found in our Full Privacy Notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Privacy team on **+44 (0) 1784 893706**. Alternatively you can email the team at dataprotection@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

Information about Bupa

In this privacy notice, references to ‘we’ or ‘us’ or ‘our’ are to Bupa. Bupa is registered with the Information Commissioners Office, registration number Z6831692. Bupa is comprised of a number of trading companies, many of which also have their own data protection registrations. For company contact details, visit bupa.co.uk/legal-notice.

Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services (‘you’, ‘your’), via any channel (eg email, website, telephone, app etc).

Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (eg those acting on your behalf, like brokers, healthcare providers etc). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (eg information we use to contact you, identify you or manage our relationship with you); and special categories of information (eg health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and in order to protect the rights, property, or safety of Bupa, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third parties’ legitimate interests or it is required or permitted by applicable law.

Marketing and preferences

We may use your personal information to send you marketing by post, telephone, social media platforms, email and text. We only use your personal information to send you marketing if we have either your consent or a legitimate interest. If you don’t want to receive personalised marketing about similar Bupa products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ**

Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in some limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our Full Privacy Notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making. Further details are available in our Full Privacy Notice.

Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (eg brokers and other intermediaries) and with others who help us provide services to you (eg healthcare providers) or from whom we need information to handle or verify claims or entitlements (eg professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our Full Privacy Notice.

Transfers outside of the European Economic Area (EEA)

Bupa deals with many international organisations and uses global information systems. As a result, Bupa transfers your personal information to countries outside of the European Economic Area (‘EEA’), (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

How long we retain your personal information

Bupa retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

Your rights

You have rights to have access to your information and to ask us to rectify, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw consent to the use of your information and not to be subject to automated decision-making which produce legal effects concerning you or similarly significantly affects you.

Data Protection Contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at **dataprotection@bupa.com**

You also have a right to make a complaint to your local privacy supervisory authority. Bupa's main establishment is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate).