

Claim Form

Libyan People's Bureau Special Group Scheme

Here are the steps in making a claim:

1. Primary care in the UK is largely provided free of charge through the NHS. However, benefit is available for private primary care consultations with a GP. If you see a GP for a private consultation you should ask them to sign your claim form and attach an invoice for your treatment before sending the claim form to us.
2. If you are referred to a Specialist by an NHS GP then you should ask the Specialist to complete your claim form.
3. We require a new claim form for each condition being claimed for, including readmissions to hospital.
4. If you need to be admitted to hospital as an in-patient or day-patient, it is important to check that your cover is adequate before you go into hospital. You can do this by calling the helpline on 0117 929 5424.
5. When an episode of treatment is complete your authorised and completed claim form should be forwarded to BCWA together with the bills.
6. We will normally settle accounts directly with the treatment provider. On rare occasions a provider may ask you to pay and then seek reimbursement from us, please tell us if this has happened.
7. When your claim has been assessed we will provide you with full details of the payments we have made on your behalf.
8. At any stage of your claim process our Helpline is here to provide you with guidance and support in making your claim.

Important notes

1. Receipt by us of a claim form does not constitute acceptance of liability. Please therefore contact your claims administrator at BCWA with any queries you have on any aspect of your claim or your benefit entitlement. Remember to quote your registration details when you call, so we can help you as quickly as possible.
2. Only BCWA can accept your claim. No other person has any power or authority to confirm acceptance on our behalf.
3. Please ensure that a claim form is submitted to us within 6 months of the date of first treatment.
4. In addition to the claim form we may require the submission of a medical report. We do not meet fees for the completion of claim forms or medical reports.
5. BCWA is a member of the Association of British Insurers and is subject to the General Insurance Claims Code. If you require a copy of the code, please contact our Helpdesk or visit the ABI's website (www.abi.org.uk).
6. Simplyhealth Access is covered by the Financial Ombudsman Service. This is a free independent dispute resolution service, and forms part of our complaints procedures. For details visit the FOS website (www.financial-ombudsman.org.uk). Full details of our complaints procedure is available from your policy document.
7. To assist us in improving our service we record and may monitor telephone calls.

Please ensure that all applicable sections of this claim form are fully completed and that the declaration contained in Section 7, on the last page of the form, is signed and dated.

1. Confirmation of Membership details

To be completed by the Group Secretary or other Authorised Signatory. Please complete in BLOCK CAPITALS.

Name of Group

I certify that (name of member) _____

is included as a Member of the Libyan People's Bureau Special Group Scheme and that the patient detailed in Section 2 is eligible to claim benefit under the terms of the group arrangement on the level of cover indicated below.

LONDON

PROVINCIAL

Signature

Date DD/MM/YY / /

Name in print

2. Patient's details

To be completed by the patient in BLOCK CAPITALS.

Full name of member

Embassy file number

Patient's Surname

Mr/Mrs/Miss/Other

Patient's Forenames

Patient's relationship to member

Patient's Address

Postcode

Patient's Date of Birth DD/MM/YY / /

Telephone no. (daytime)

Facsimile no.

Email address

Name and address of GP

Postcode

What condition is being claimed for?

When did you first notice the symptoms? MM/YY /

What is the nature of your treatment?

Is this your first claim for this condition?

Yes

No

Name of hospital (where applicable)

Date of admission	DD/MM/YY	/	/
Date of discharge	DD/MM/YY	/	/
Are all or part of the expenses recoverable from any other source, e.g. another insurance policy, or a claim against a third party? If yes, please provide details.			
		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

3. GP/specialist signature			
I confirm that I am the patient's GP/specialist and that the specialist investigations or treatment were undertaken on my recommendation.			
Signature of GP/specialist		DD/MM/YY	/ /
Name of GP/specialist			

4. Cash benefit claims (where applicable)			
A. NHS In-patient Cash Benefit – To be completed by hospital staff			
Condition or nature of treatment			
Name of hospital			
Date of admission			
Date of discharge			
Signature on behalf of hospital			
Date			
Position			

5. Access to Medical Reports Act 1988

Please read and complete this section

In some circumstances we may need to request a medical report from your doctor (or other healthcare professional) involved in your care before we can deal with your claim. Under the Access to Medical Reports Act 1988, we require your consent before we can seek a medical report. Your rights under the Act are summarised below and before signing this claim form you have to decide which option you prefer:

- 1) You may withhold consent if you do not want your doctor to supply us with a medical report. However, if you do not give consent and we require a medical report in order to deal with your claim, we regret that we will be unable to proceed with your claim.
- 2) If you provide us with consent to request a medical report you may say whether you wish to see the report before it is sent to us. Please note that:
 - if you decide that you wish to see the report we will notify you when we write to your doctor and we will also advise them that you wish to see the report. You will then have 21 days to contact your doctor to make arrangements to see the report.
 - if you do not contact your doctor within 21 days, they may assume you do not wish to see the report and may send it to us.
 - once you have seen a report, your doctor cannot send it to us without your consent.
 - if you feel any part of the medical report is incorrect or misleading, you may write to your doctor and ask them to amend any part of the report which you consider is incorrect or misleading. However, your doctor does not have to alter the report. In this event you can:
 - a) remove your consent for your doctor to send us the report; or
 - b) ask your doctor to attach to the report a statement of your views before the report is sent to us; or
 - c) agree that the report may be sent to us by your doctor without changing it.
- 3) If you do not wish to see the medical report, we do not have to notify you if we apply for one. However, if you change your mind, you can write to your doctor before they send the report to us and tell them that you wish to see it. You will then have 21 days to make arrangements to see the report, if they have not already sent it to us.

Regardless of whether you select option 2 or 3, you can still ask your doctor to let you see a copy of the medical report up to 6 months after they have sent it to us. Please note that your doctor is not obliged to let you see any part of a report if, in their opinion, that would be likely to cause serious harm to either your physical or mental health or that of others, or would be likely to reveal information about, or the identity of, another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by a health professional involved in caring for you. In such cases, your doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report which is affected, he must not send it to us unless you give your consent.

Important: Your doctor may charge a reasonable fee for providing a medical report. We would point out that BCWA does not meet the cost of such fees.

Please tick one of the options from the list below

- 1) I do not provide consent to BCWA to request a medical report from my doctor involved in my care; or
- 2) I provide consent to BCWA to request a medical report from my doctor involved in my care and **I wish to see the report** before it is sent; or
- 3) I provide consent to BCWA to request a medical report from my doctor involved in my care and **I do not wish to see the report** before it is sent.

Continued overleaf...

Please remember to sign and date the declaration overleaf.

If you have any queries, please call us on 0117 929 5424 and ask for your claims administrator

6. Data Protection Act 1998

Please read this section

The information that you provide on this claim form (and any supporting pages) will be dealt with in accordance with the requirements of the Data Protection Act 1998. By signing this form you are giving us consent to use the information to administer your private health cover, and to process your claims.

Personal information (excluding medical information) may be disclosed to third parties involved in the administration of your cover, the settlement of claims and the detection and prevention of fraud.

Medical information will be kept confidential and only disclosed to those involved in providing the patient's treatment or care, including their General Practitioner or Dentist, or their agents. Only in exceptional circumstances will we disclose medical information to other third parties or family members, without the patient's explicit consent.

You can ask for a copy of the personal information that we hold about you. In return we may charge a small administration fee to provide you with a copy of this information. If you have a query or complaint relating to data protection or require a copy of the personal information we hold about you please write to The Data Protection Co-ordinator, BCWA, James Tudor House, 90 Victoria Street, Bristol, BS1 6DF

7. Declaration

Please read, sign and date this section

I declare that I have read and understand my statutory rights under the Access to Medical Reports Act 1988 as set out in Section 4 above.

I confirm that I have read the Data Protection Act notice set out in Section 5 above and understand that by signing this claim form I am giving consent for BCWA to use the information provided on this form to administer my private health cover and to process my claims.

I declare that the answers given by me on this form are in every respect true and complete and that I have not concealed any circumstances which ought to be disclosed to BCWA with regard to this claim.

**Signature of patient
(or signature of member if patient is under the age of 18)**

Name in print

Date DD/MM/YY / /



BCWA, James Tudor House, 90 Victoria Street, Bristol, BS1 6DF
Telephone: 0117 929 5529 Facsimile: 0117 929 5539 www.bcwa.co.uk Email: claims@bcwa.co.uk

BCWA is a trading division of Simplyhealth Access which is authorised and regulated by the Financial Services Authority.
Simplyhealth Access is registered and incorporated in England and Wales, registered no. 183035.
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