# Claim Form

**How to make a claim**

Written notification of claims must be provided within 90 days of the initial consultation, even where original invoices are not yet available. To help us deal with your claim promptly, please:

1. Complete a separate claim form for each illness/accident/dental treatment/maternity or wellness benefit claim and each Insured Person
2. Ensure that the doctor or dentist who treats you fully completes the sections overleaf
3. ALL questions must be answered in full (ticks or dashes will not be acceptable)

**Section A – Patient Information**

TO BE COMPLETED BY THE INSURED PERSON OR HIS/HER LEGAL REPRESENTATIVE

1. Full name:  
   - Title: [ ] Mr  [ ] Mrs  [ ] Miss  [ ] Ms  [ ] Other
   - Surname:
   - Forenames:
2. Date of birth:
3. Certificate number:
4. Sex: [ ] Male  [ ] Female

**Section B – Claim Information**

TO BE COMPLETED BY THE INSURED PERSON OR HIS/HER LEGAL REPRESENTATIVE

6. State the nature of illness and the date upon which symptoms first occurred:

7. Have you ever received treatment (including prescription drugs) for this condition or any related condition before this episode? Please provide dates and details of previous treatment.

8. How long have you had these symptoms before consulting your doctor?

9. If the cause of the illness relates to an accident, state the date of the accident and give brief details of the circumstances and injuries received:

10. Do you have any other insurance that provides cover for healthcare benefits?

### Table

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<th>Date of Treatment</th>
<th>List Expenses for Which Reimbursement Claimed (Original accounts will be required)</th>
<th>State Currency and Amount Paid</th>
<th>State in Full, to Whom you Wish Settlement Paid</th>
<th>Currency of Settlement</th>
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**DATA PROTECTION:** The information you have provided will become part of the personal data held by MediCare International and will be used for the provision and administration of insurance products and services. MediCare International may disclose your personal data to insurance companies and to their agents for underwriting, claims handling and fraud prevention purposes. In addition, it may seek information from insurance companies to check the answers you have provided. Full details of MediCare International’s processing of personal data appear in the register maintained by the Information Commissioner.
Section C - Medical Information

TO BE COMPLETED BY TREATING PHYSICIAN

17. Please state the date on which the patient first consulted you for this or any similar or related condition:

18. When did symptoms first occur?

19. Please give name and address of the referring Physician:

   Postcode:
   Telephone:
   Facsimile:
   Email:

20. Please give your diagnosis of the illness/injury:

21. Is the condition likely to be considered congenital or a birth defect? If so please provide details:

Section D - Routine Dental Treatment Information

TO BE COMPLETED BY THE TREATING DENTIST

a. Has the patient attended for routine check-up in the past 6 months and was all necessary treatment concluded?

b. In your opinion has the patient maintained good dental hygiene?

c. Please describe dental necessity for this claim?

d. Please print your name and address:

   Postcode:
   Telephone number:
   Fax number:
   Email address:

Signature of treating dentist:

Please state your qualifications