

# Private medical insurance claim form



Please make sure that you read the following **BEFORE** completing the claim form:

- Confirmation of cover will be provided when we have made a decision on your claim. If you have any treatment or investigations and cover has not been confirmed this will be at your own risk, as cover may not be available.
- If your GP charges for the completion of this claim form, we do not pay this cost.
- The appropriate medical professionals must complete Section 4 of the claim form. If you are unsure as to who is to complete the claim form, please contact us.
- Other useful information about making a claim can be found in your policy documentation.

Please complete all relevant sections in **BLOCK CAPITALS**

## 1. Patient details

Full name	<input type="text"/>	Policy number	<input type="text"/>
Company name (if a company policy)	<input type="text"/>		
Full address	<input type="text"/>		
	<input type="text"/>		
	Postcode: <input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Telephone numbers: home	<input type="text"/>	work	<input type="text"/>
mobile	<input type="text"/>		

## 2. Medical details - to be completed by the patient (or parent or guardian if patient is under 16 years old) IF GP HAS COMPLETED A REFERRAL LETTER PLEASE ENCLOSE A COPY

Please give details of the symptoms you have been experiencing:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
How long have you been experiencing these symptoms? Please give dates	<input type="text"/>
	<input type="text"/>

## 3. GP details

GP's name	<input type="text"/>		
Name and full address of GP's surgery	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Telephone number of GP's surgery	<input type="text"/>	Fax	<input type="text"/>
Full name of specialist that the patient has been referred to	<input type="text"/>		
Hospital where specialist holds NHS consultancy post	<input type="text"/>		

**4. Medical details (to be completed by the GP or dentist)**

Please note that all information needs to be clear, precise and accurate, and all sections must be completed in BLOCK CAPITALS.

When do the patient's records begin?

**Current episode**

Please describe the condition / symptoms the patient is suffering from

Please state consultation date when the patient was referred for these symptoms / this condition?

How long has the patient been aware of these symptoms / this condition?

**History of these symptoms / this condition**

Please provide a full history of the condition - this must include dates of all consultations / advice / treatment (including prescriptions). Please use additional paper if required

How long before the first visit did the patient have symptoms?

**Related symptoms / conditions**

Please provide a full history of any related symptoms / conditions - this is to include dates of all consultations / advice / treatment (including prescriptions). Please use additional paper if required.

How long before the first visit did the patient have symptoms?

**Is there a referral letter?**  Yes  No **(Please tick as appropriate) If yes, please attach a copy**

I declare that to the best of my knowledge and belief the information given in this medical section is true and complete.

Signature of GP/dentist  Date

Print name

## 5. Other insurer involvement / Third party claims

### Other private medical insurance company

If you also have private medical insurance cover with a company other than Aviva, you will need to complete this section. When a person has two policies that may cover them, they can only claim eligible medical costs once. If you are included on another policy that provides medical cover, the cost of your treatment may be split between Aviva and the other company.

You do not need to do anything except provide the information requested – we will deal directly with any other company involved.

If you are covered by another private medical insurance company, we need to know the following:

- **name, full address and contact details for the other company**
- **policy number**

Other medical company


### Third party

This is when you have an illness or injury and you require medical treatment for which you are claiming from Aviva, as well as claiming costs against any person or company who may be responsible for that illness or injury.

The details we need for these cases are:

- **Your solicitor's name, address, telephone number and reference number (if you have appointed a solicitor)**
- **The name of the person who may have been responsible for your illness or injury, and their insurer's name, address, contact details and policy number.**

Third party involvement  
(please give all third party  
details known to you)


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## 6. Consent to obtain a medical report

We may require further information from your doctor to enable us to make a decision on your claim. We can only obtain this with your consent and therefore need you to sign and date the 'Consent and declaration' section on the next page.

You should be aware that you have certain rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. The main points of the Act are as follows:

- If you indicate (in the declaration) that you do not wish to see the report we will not notify you if we apply for one. However, if before such a report is sent to us you write to your doctor requesting to see it, you will have 21 days to contact your doctor about arrangements for you to see the report.
- If you indicate (in the declaration) that you wish to see the report, we will write to you at the same time as we contact your doctor. We will say that you have asked to see the report and that you have 21 days to contact your doctor to make arrangements to do so. When you have seen the report the doctor may not send it to us until you have given your consent to do so.  
If you do not contact your doctor within 21 days the report will be sent to us.
- You can ask your doctor if he/she will amend any part of the report which you consider to be incorrect or misleading. If your doctor is not in agreement, you may attach your comments.
- During the six months after we have received your report you may ask your doctor to see a copy. Should you ask for a personal copy of the report the doctor can charge you a reasonable fee to cover the cost.
- In some circumstances the doctor may decide, in the interest of your health, or to respect the interest of others, that you should not see all or part of the report. The doctor will notify you of this and you will have the right to see any remaining part of the report. If it is the whole of the report which is affected, this will not be given to us without your consent.
- You can withhold your consent. In this case we may be unable to proceed with your claim.

## 7. Consent and declaration

### Please read the declaration and complete the boxes below:

I have been informed of, and understand my rights under the Access to Medical Reports Act 1988 (or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991). In connection with this claim, I consent to the provision of any and/or all of my medical records to Aviva. Accordingly, I hereby authorise any institution or person (including, but not limited to, hospitals, doctors, nurses and health professionals) who has been involved in my treatment both past and present, to provide Aviva (and third parties acting on its behalf) with any information, including full medical records, reports or notes, concerning my physical or mental health.

I consent to the:

- processing (by computer or otherwise);
  - use (which may happen outside the European Economic Area) for the purpose of medical underwriting, claims assessment and validation, fraud prevention, policy administration, service provision and reinsurance; and
  - disclosure to the policyholder, relevant intermediaries and medical service providers
- of personal and medical details supplied in support of this claim. I agree that a copy of this consent shall have the validity of the original.

The data controllers are Aviva Health UK Limited, Aviva Life & Pensions UK Limited and Aviva Insurance UK Limited.

**I DO NOT wish to see the report before it is sent to Aviva (please delete if you wish to see the report before it is sent to us).**

**If you do not consent to Aviva obtaining a medical report, please tick this box**

I declare that, to the best of my knowledge and belief, the information given on this form is true and complete.

Signature of patient (or signature of parent or guardian, if patient is under 16 years old).

Signature

Date

Print name

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### Data Protection Act - consent to discuss claims with another person

Due to data protection rules we are unable to discuss your claim with other people. This may sometimes cause you inconvenience, so if you would like us to be able to discuss your claim with someone else e.g. your husband or wife, please write their name and their relationship to you below.

Name

Relationship  
to you

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### Next Steps

Please sign the consent and declaration box and return this form with any enclosed invoices and third party claim details to:

Customer Service Department  
Aviva Health UK Limited  
PO Box 96  
Eastleigh  
Hampshire  
SO53 3ZZ

**Once we have received all the necessary medical information for your claim, we aim to reach a decision within five working days. If we need further information, or there are likely to be any delays, we will get in touch with you on one of the telephone numbers you have given us.**