



# Self-certification form

## About completing this form

Please would you complete all the sections of this form using **BLOCK CAPITALS**. Unfortunately, if any section are left incomplete there may be a slight delay with your claim whilst we request the information we need.

- Please attach a photocopy or scanned version of the itemised receipted invoices.
- Please read the information carefully and sign the declaration on this form. If the patient is under 16, we would need a parent or guardian to sign this form.

Please send your completed form to:

**Upload or secure email via: [axaglobalhealthcare.com/customer](https://axaglobalhealthcare.com/customer)**

**Fax:** +44 (0) 1892 508256

**Post:** AXA – Global Healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent, TN1 2PL, UK

## Definitions of words and phrases

Some of the words and phrases we use on this form have a specific meaning, for example when we talk about treatment.

**You and your** – when we use you and your, we mean the lead member and any family members covered by your policy.

**We, us, and our** – when we use we,us, our, we mean AXA Global Healthcare (UK) Limited acting on behalf of AXA Insurance dac.

## 1 Membership details

### 1.1 Lead member's details


### 1.2 Patient's details

**Patient's name**

**Date of birth**

D	D	M	M	Y	Y	Y	Y
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**Membership number**

**Claim number**

Continued on next page

## 2 Information about your claim – to be completed by the patient

Sometimes, we can recover the money we pay for treatment if it's as a result of an accident or injury and **someone else is at fault**. Answering these questions will help us decide if this is an option for us. This will not affect the outcome of any claim on your AXA Global Healthcare plan.

2.1 Is the treatment because of an injury caused by an accident?

Yes  No

2.2 If yes, do you feel that someone else was at fault and caused the accident or injury?

Yes  No

2.3 Do you have any other insurance policy that could also cover your costs, for example a travel cover policy?

Yes  No

## 3 Payment details – to be completed by the patient

**This section only needs to be completed if you've paid the hospital or medical practitioner for your treatment already and you need us to reimburse you.**

We normally pay eligible invoices directly to the relevant hospital and medical practitioner. If the invoices we receive from you haven't been paid and the treatment is covered by your policy, don't worry we'll pay the hospital and medical practitioner automatically on your behalf. If you have already paid the invoices yourself, please complete this section with your bank account details, send us the itemised receipted invoices and we'll reimburse you by cheque or wire transfer directly to your bank account.

Unfortunately, we cannot transfer the money back to your credit or debit cards, so please do not list any card numbers on this form.

3.1 Currency you need the claim to be paid in

3.2 Bank account number

3.2 Payee name

3.3 Bank name and postal address

  

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3.4 Country

3.5 IBAN

3.6 Swift code

3.7 Account name

3.8 ABA number

\*Note: the IBAN and Swift codes are required if payment is to be made in Euros

### Proof of payment

Please attach photocopies of all itemised receipted invoices as well as any medical certificates, correspondence or documents relevant to the claim. To avoid any delays with your claim please make sure you list:

- the dates of the treatment,
- the type of treatment,
- the invoice value and let us know whether you have already paid any of these.

## 4 About your treatment – to be completed by the patient

Please make sure that all the information you give us is true, accurate and complete to the best of your knowledge. Unfortunately if the information does turn out to be false we may not be able to pay any claims for this medical condition and in some circumstances we could be forced to cancel your membership with us.

- 4.1 Please give brief details of the condition, from when you first became aware of it. State the exact date if possible.


- 4.2 How did the condition begin? Please state fully all symptoms and describe the condition in detail from the beginning. For accidents, include how, when and where the accident happened.


- 4.3 Have you ever had or been treated for this type of injury or illness before?

**Yes** If yes, please give details below  **No**


- 4.4 If this claim is related to pregnancy is the pregnancy as a result of natural conception?

**Yes**  **No**

- 4.5 Are you claiming cash benefit for in-patient treatment that you haven't been charged for?

**Yes**  **No**

- 4.6 If Yes, please state the dates you were admitted and discharged and enclose a certificate from the hospital confirming these dates (you can request this from the hospital records department).

**Yes**  **No**

Admission date

D	D	M	M	Y	Y	Y	Y
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Discharge date

D	D	M	M	Y	Y	Y	Y
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## 5 Declaration and Consent

Your policy is underwritten by AXA Insurance dac and administered by AXA- Global Healthcare. AXA Global Healthcare (UK) limited is acting on behalf of AXA Insurance dac for the purpose of administering this policy.

Please read this declaration and the 'important information page' at the end of this form and sign section 5.4.

I declare that all the information I have given on this form is correct to the best of my knowledge.

To support the administration of my health insurance arrangements I consent to:

- a) AXA Insurance dac and/or AXA Global Healthcare (UK) Limited (jointly **AXA**) requesting medical and health information from the patient's healthcare practitioner and/or hospital (please see the **Medical Reports** section of this form)
- b) the healthcare practitioner and/or hospital providing that health information in reports, or by copies of my health records and medical information, to **AXA**
- c) the healthcare practitioner and/or hospital involved in the patient's care reviewing medical information and discharge arrangements with **AXA** for the following reasons: (Please tick yes or no for each of the following)
  - (a) to assess and subsequently review my claim and apply policy terms/exclusions (if you tick no we may not be able to process your claim)  
 Yes  No
  - (b) to audit healthcare practitioner and hospital records to review their performance and ensure that AXA is being billed correctly  
 Yes  No

5.1 I declare that I am the patient

- Yes  
 No

5.2 Is the patient under 16 years of age?

- Yes  
 No

a. If yes, I declare that I am the patient's parent

- Yes  
 No

b. If yes, I declare that I am the patient's guardian

- Yes  
 No

5.3 I wish to see any report from the medical practitioner before it is sent to you

- Yes  
 No

5.4 Signed\*

(This form must be hand signed. We do not accept electronic signatures.)

\*To be signed by the patient or parent/guardian the patient is under 16

5.5 Date

D	D	M	M	Y	Y	Y	Y
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I wish for another person/organisation(s) to help with the this claim and I agree, for that reason, that **AXA** or any policy administrator and the person/organisation(s) named below may discuss this claim to the extent necessary disclose to each other my relevant health and medical details.

- No  
 Yes

If you answered yes please give the name of the person or organisation(s) here:

(If you give the names of one or more organisations, this will mean that we can communicate with any employee, which will help us if the person you usually deal with is not available).

# Medical Reports

If we ask for a medical report with details of your current condition, the history of your condition and any proposed treatment you don't have to give your consent however if you don't give consent we may not be able to process your claim.

If you wish to see the report before it is sent to us please tick the box below. We will write to you to tell you the date we request the report and you must contact the medical practitioner within 21 days of the date of our request. You have 21 days from the date of contacting your medical practitioner to arrange to see it.

I wish to see any report from the medical practitioner and/or hospital before it's sent to **AXA**

If you don't tick the box but then change your mind, you can contact your medical practitioner and ask to see the report.

You can ask the medical practitioner to see the report at any time within six months of the medical practitioner sending it to us.

If you disagree with the information in the report, you can ask the medical practitioner to change it. If the medical practitioner does not agree with you, they will ask you to write a statement to go with the report that is sent to us.

Your medical practitioner does not have to show you parts of the report if they think it could cause harm to your physical or mental health, or if it shows future plans for your care that the medical practitioner doesn't want you to see.

If the report includes information about someone else, the medical practitioner will not show you that part of the report.

Your medical practitioner may charge you for a copy of the report. This charge is not covered by your plan. If any medical records we receive show that a medical condition should have been declared on your plan application, we may change the terms of your plan.

## Data Protection

We'll handle your personal data in accordance with all relevant Data Protection legislation.

You are entitled to see information we hold about you. You can write to us to ask for a copy of any personal information about you in any independent reports we request. If you would like a copy of a medical report that your medical practitioner has sent to us, it will be quickest if you contact them direct because we will have to get their permission to release it to you.

To ensure that we are able to provide the best service to you we process claims in various countries throughout the world.

We may audit the medical records of medical practitioners and hospitals to:

- prevent and detect crime, particularly fraud,
- review the performance of specialists,
- ensure that we are being correctly billed for their services.

Audits may be part of a programme or in response to a specific event.

We may need to share information with third parties including medical experts, other insurers and other organisations concerned with the detection and prevention of fraud.

In certain circumstances we are required by law to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crimes. This may involve adding non-medical information to databases that can be viewed by other insurers and law enforcement agencies. We may also be required to tell relevant regulatory bodies about any issue where we have reason to doubt a medical provider's fitness to practise.

For our full Privacy Policy please see [www.axaglobalhealthcare.com/privacynotice](http://www.axaglobalhealthcare.com/privacynotice)

## Integrated healthcare for group health schemes

If you're a member of a company healthcare scheme your employer may also provide or use our Occupational Health Service and/or Employee Assistance Programme. These services are provided by separate companies.

With your consent we and these companies will share sensitive and/or personal information, in confidence on an ethical need to know basis to provide you and your employer (in the case of Occupational Health Services and the Employee Assistance Programme), with support and advice about your health.