



Consent form

Here to help

+44 (0) 1892 556274

Available day or night, 365 days a year

This form allows us to:

1. Request a medical report from your medical practitioner about your application or exclusions; and
2. Carry out checks or audits to ensure the information that has been sent to us is correct.

Please send your completed form to:

Upload or secure email via:

axaglobalhealthcare.com/customer

Fax: +44 (0) 1892 508256

Post:

International Customer Service
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 Patient's details – to be completed by the patient

Please remember to use **BLACK INK** and write in **BLOCK CAPITALS** throughout

Patient's name

Membership/customer number

Symptoms/Diagnosis or claim number

Patient's date of birth

D	D	M	M	Y	Y	Y	Y
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Contact details

Please include country and area codes, where applicable. Please give the Parent or Legal Guardian's details if the patient is under 16.

Telephone

Email

Continued on next page

2 Medical Practitioner's details

Name

Contact telephone number

Email

Practice name and address:

3 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.

I confirm I have read the information in this form.

I wish to claim benefit and declare that all the information I have given on this form is correct to the best of my knowledge. So that my claim can be processed I give consent to AXA Insurance dac and/or AXA Global Healthcare (UK) Limited (jointly **AXA**) processing the information on this form and in any medical reports or health records that may be requested.

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

- AXA** requesting medical and health information from the patient's healthcare practitioner and/or hospital (please see the **Medical Reports** section of this form)
- the healthcare practitioner and/or hospital providing that health information in reports, or by copies of my health records and medical information, to **AXA**
- 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)
 - 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
 - to audit healthcare practitioner and hospital records to review their performance and ensure that **AXA** is being billed correctly
 Yes No

If my membership is provided to me as part of a company scheme and my employer requires me to make claims through a separate company that has been appointed to manage any claims I consent to **AXA** providing this company with information, including my health and medical information, as well as the company disclosing similar information to **AXA** when it is necessary to manage my claim.

I declare that I am the patient

- Yes
 No

Is the patient under 16 years of age?

- No
 Yes

If yes, I declare that I am the patient's parent/guardian

- No
 Yes

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

- No
 Yes

Signed*

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

*If the patient is under 16, this form must be signed by their parent/legal guardian

Date

D	D	M	M	Y	Y	Y	Y

Patient's full name

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).

3 Checklist – tick the appropriate boxes in this section.

- 1** ▶ Completed the member's details **section 1**
- 2** ▶ Completed the declaration and consent **section 2**
- 3** ▶ Signed and dated the form **section 3**
- 4** ▶ Read the Important information **section 4**

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

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 Healthcare 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.