



# Travel claim form

## Medical and additional expenses

Here to help

0345 602 0303

8am to 8pm, Monday to Friday

9am to 5pm, Saturday and bank holidays

### 1 Membership details

Lead member's full name

Lead member's address

Membership number

Phone number

Email address

### 2 Patient's details

Patient's full name  
*If different from the lead member's name above*

Date of birth

D	D	M	M	Y	Y	Y	Y
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### 3

#### UK doctor's details (for example your treating GP or Specialist)

Doctor's name	<input type="text"/>
Practice name and address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
	<input type="text"/>
Practice phone number	<input type="text"/>
Practice email address	<input type="text"/>

### 4

#### Travel details

Destination of overseas journey	<input type="text"/>
Dates of planned journey	Outward journey: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	Return journey: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	Date booked: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Dates of actual journey <i>If different</i>	Outward journey: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	Return journey: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Evidence of travel dates	> For your claim to be valid, you must supply the booking invoices or travel tickets, as confirmation of the dates to and from the UK. This will help to confirm whether your journey was within the trip length covered by your plan 

### 5

#### Other information

If medical expenses were incurred in an EEA country*, was a European Health Insurance Card (EHIC) used	<input type="checkbox"/> Yes <input type="checkbox"/> No  <p><i>* Includes: Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Republic of Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, The Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, UK, plus Iceland, Liechtenstein and Norway. Switzerland by special arrangement.</i></p> <p>&gt; If yes, please send us evidence of this from your healthcare provider </p>
Can you claim for the cost of the treatment elsewhere for example another travel or medical insurance policy, a company scheme, credit card or bank account	<input type="checkbox"/> Yes <input type="checkbox"/> No  <p>&gt; If yes, please confirm details.</p> <input type="text"/>

Please give a full description of the injury/illness and the treatment prescribed

Please confirm the exact date on which the injury occurred or the illness started

       

Please give an account of the circumstances surrounding the injury/illness

Have you/the patient ever suffered from this condition before

- Yes  
 No

> If yes, please confirm the date the condition first arose

       

Was the treatment due to an injury caused by an accident

- Yes  
 No

> If yes, did the incident involve:

- a motor vehicle       an accident in a hotel/apartment  
 a sports accident       other

> If other, please specify:

If this was a winter sports accident were you

- On piste  
 Off piste

If this relates to a sporting injury, were you playing sport professionally\*

- Yes  
 No

\* By professionally we mean that you are paid, receive a grant, receive sponsorship or are competing for prize money



> Make sure that you read and understand the **'About your information and medical reports'** section at the end of this form before you sign.

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

I consent to:

- AXA PPP healthcare Limited requesting medical and health information from the patient's medical practitioner and/or hospital for any of the following reasons:
  - to deal with any exclusions to my cover
  - to assess my claim
  - to audit and investigate claims from time to time;
- the medical practitioner and/or hospital providing reports, or copies of my health records and medical information to AXA PPP healthcare Limited;
- the medical practitioner and/or hospital involved in the patient's care reviewing medical information and discharge arrangements with AXA PPP healthcare Limited.

Name

> If the patient is under 16, their parent or guardian must complete this section.

I am the patient  I am the guardian or parent

Signature

Date

       

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

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### Help us process your claim quickly

Have you:

- answered all questions
- signed the form

Enclosed:

- evidence of travel dates (section 4) 
- evidence from the provider of EHIC (if applicable) (section 5) 
- supporting information for medical and additional expenses (section 7) 
- a copy of your credit card statement (if applicable) (section 7) 

### Where to send your form

You can mail to

Claims Team  
AXA PPP healthcare  
PO Box 428  
Tunbridge Wells  
TN2 9ND

or upload at

<http://axappcs.metafaq.com/help/Travel>

Fax to

01892 596 780

### Access to Medical Reports Act 1988

#### What is a medical report?

*A medical report is a report from your GP, medical practitioner or specialist.*

> *Please keep this information in case you need to refer to it in the future.*

It's important that you understand your rights under the Access to Medical Reports Act 1988 before you agree to us requesting a report from the GP or hospital treating you.

#### Information from your medical records

- If we ask for a copy of information from your medical records, such as a copy of your medical notes, you don't have to give your consent. If you don't give consent, we may not be able to process your claim.

#### Medical reports

If we ask for a medical report:

- You don't have to give your consent. If you don't give your consent we cannot request the medical report so may not be able to process your claim.
- We will contact you to tell you the date we requested it.
- You can see the report before it is sent to us. If you want to do this, you must contact the medical practitioner within 21 days of the date of our request. Please tick the box in section 8.

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 have 21 days from the date of your initial request to arrange to see it.

- 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.
- You can ask the medical practitioner to see the report at any time within six months of the medical practitioner sending it to us.
- Your medical practitioner may charge you for a copy of the report. This charge is not covered by your plan.
- 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.

These rights do not relate to reports from practitioners who are not treating you and who we might ask for an opinion.

### Data Protection Act 1998

We'll handle your personal data in accordance with the Data Protection Act 1998.

- You are entitled to see information we hold about you. We may make a small charge for providing this.
- 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, you should contact them: we are not able to contact them on your behalf.
- We'll send most correspondence to the lead member. We take both data protection and medical confidentiality very seriously and aim, where possible, to correspond with each individual member over the age of 16 about their claim. If you don't want the lead member to know about your condition you should not claim under the plan. If you are over 18 you can apply for your own plan.

### **Preventing and detecting crime, and auditing records**

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.

#### **Sharing information**

We may need to share information with third parties, including medical experts, other insurers, the NHS Counter Fraud Security Management Service and the General Dental Council.

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 are required to tell the General Medical Council, or other relevant regulatory body, about any issue where we have reason to doubt a medical provider's fitness to practise.