

Bupa Cash Plan Claim form



Before you begin

Please check your policy guide, welcome letter and table of cover to understand what you're covered for. These documents include full details, including the amount you and anyone covered on your policy can claim up to in each benefit year.

Before you send this claim form to us please make sure that all relevant sections have been completed. Any copies of receipts should contain the name and contact details of the practitioner, date and cost of the treatment and the name of the person receiving the treatment. This will help us to deal with your claim as quickly as possible.

If we need to contact you about your claim

We'll text you updates about your claim. Don't worry we won't send marketing messages. We'll send a claim reference code and updates about your claim only. If you don't want us to do this, please tick this box:*

Online

The easiest way to submit your claim is online by visiting bupa.co.uk/cashplan/claims

Post

Fill in the form and send it, along with a copy of your receipts, to: **Bupa Cash Plan, Bupa Place, 102 The Quays, Salford M50 3SP.**

Call

If you have any questions, please call us on **0345 606 6003** between 8am and 6pm Monday to Friday and 8am and 1pm on Saturdays.

We may record or monitor phone calls.

About the person claiming

Policy Number

Title (*please tick, or provide title if other*) Mr Mrs Miss Ms Mx Other

First name(s) Surname

Date of birth

Address

Postcode

Phone number

Mobile number

Email address

Is this claim as a result of a third party accident or injury? (*please tick*) Yes No

Claimant Declaration

Before sending us your claim form please check the policy terms and conditions in your Policy Guide and Table of Cover. In order to detect, prevent and help with the prosecution of financial crime, we may share information with fraud prevention or law enforcement agencies, and other organisations. If we suspect fraudulent activity, we may inform the person or organisation who administers or funds your Bupa services. Please note that we are not responsible for the costs of obtaining documentation in support of the claim.

- I declare that I am not claiming for treatments, goods or services under under this policy and another health insurance policy.
- I understand that any fraudulent or misleading information may result in action being taken and immediate cancellation of my policy.
- I authorise any medical practitioner or other person(s) concerned with providing health care to give you any information relevant to this claim.
- Unless being signed by the main member, by submitting this information I confirm that I am doing so with the knowledge and permission of the main member.
- I declare the information shown on this form and any accompanying documentation is true and complete.

By submitting this claim, you're confirming the content is true and accurate.

Date

Payment details

Please provide your account details. We will only pay into the bank account of someone on the policy.

Account holder name

Bank/building society name

Sort code - -

Account number

Cash Plan claim details

Please tick the box against the type of treatment you had. Also include the date(s) you had the treatment and the treatment cost. You'll find this information on your receipt(s).

Benefit type	Treatment date(s)	Cost of treatment
Dental		£
Dental Injury		£
Optical		£
Consultations and diagnostic tests or scans		£
Prescriptions, flu jabs and vaccinations		£
Therapies		£
Hospital inpatient/day-case (Please also complete the hospital inpatient/day-case section on page 4)		£
Bupa Health Benefits		£
Birth and adoption		£
Homeopathy/reflexology		£
Medical devices		£
Home help		£
Mental Health Benefits		£
Chiropody/podiatry (Cash Plan 100 only)		£

If your hospital is unable to provide a discharge letter, please ask them to complete this form with details of your admission.

Hospital inpatient/hospital day-case claims For hospital use only

Full name of patient	
Please state the condition for which the patient was admitted	
I certify that the patient above was admitted to the establishment named below:	
Hospital name	
As a day-patient, admission on Or As an inpatient, admitted on and discharged on	Official hospital stamp
<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"/>	
<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"/>	
<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"/>	
If during the above period the patient was <u>away</u> from hospital for one or more nights please give dates.	
From <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"/>	To <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"/>
Signature of authorising officer	
Position held	
Parental stay if the main member or their partner (if covered) stays overnight in hospital with a child dependant, under age 16	
I confirm that (name of parent)	
stayed overnight with the patient.	
From <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"/>	To <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"/>
Signature of authorising officer	

Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice explains what information we collect about you, how we use it and how we protect it. It also gives you information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details in our full privacy notice, which is available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy, please write to **Bupa Data Protection, 1 Angel Court, London EC2R 7HJ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com.

Information about us

In this privacy notice, references to 'we', 'us' or 'our' are to Bupa. Bupa is registered with the Information Commissioner's Office, registration number Z6831692. Bupa is made up of a number of trading companies, many of which also have their own data-protection registrations. For company contact details, visit bupa.co.uk/legal-notices.

1. Who this privacy notice applies to

This privacy notice is for anyone who buys, uses or contacts us about our products and services ('you', 'your') in any way (for example, by email, through our website, by phone, on our app and so on).

2. How we collect personal information

We collect personal information from you when you get in touch with us and from certain other organisations acting on your behalf (for example, brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. What personal information we collect

We process the following categories of personal information about you and, if it applies, your dependants.

- Standard personal information (for example, information we use to contact you, identify you or manage our relationship with you)
- Special categories of information (for example, health information, information about race, ethnic origin and religion) that allow us to tailor your care
- Information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity)

4. How we use the personal information we collect

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of healthcare providers relevant to you) and to protect our rights, property or safety, or that of our customers or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information because it is necessary so we can provide the services set out in a contract, it is in our or other people's legitimate interests or it is needed or allowed by law. We process special categories of information (also known as sensitive information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have your permission or it is in our legitimate interest. If you don't want to receive personalised marketing about similar products and services that we think are relevant to you, please contact us at

optmeout@bupa.com or write to **Bupa Data Protection, 1 Angel Court, London EC2R 7HJ**.

6. AI, Profiling and Automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fairer service, as well as marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling (automated processing of your information to help us evaluate certain things about you, for example, your personal preferences and your interests) relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, healthcare providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared, and in what circumstances, in our full privacy notice.

8. Cookies

When you use our websites and apps, we and third-party companies use cookies and similar technologies to collect information (for example, your browsing activity).

9. Transferring your personal information abroad

We work with companies that we partner with, or that provide services to us (such as healthcare providers, other Bupa companies and IT providers) that are located in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries. This may include transferring it from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that, when we transfer your personal information to another country, appropriate protection is in place in line with global data protection laws.

10. How long we keep your information for

We keep your personal information in line with the periods set out in our Retention Policy. We will typically keep your personal information for seven years after you stop being our customer.

11. Your rights

You have rights to have access to your information and to ask us to correct, delete and restrict the use of it. You also have rights to:

- object to your information being used
- ask us to transfer your information to someone else
- withdraw your permission for us to use your information, and
- ask us not to make automated decisions which produce legal effects that concern or significantly affect you.

12. Data protection contacts

If you have any questions, comments, complaints or suggestions about this privacy notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer. You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner's Office, who you can contact through their website at ico.org.uk/make-a-complaint or by calling 0303 123 1113.

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