# How to submit a Private Medical Insurance (PMI) Excess or Shortfall Claim

## Completing the claim form

Please ensure that you have completed all parts of the claim form and sign the declaration. Make sure the section that details whether your claim should be paid directly to you, the practitioner or the hospital has been completed. All claims are settled by bank transfer and providing bank account details will speed the claims process up.

You can submit claims by scanning your claim form with the supporting evidence and emailing them to claims@medexprotect.co.uk.

**If you have any questions please call 0800 534 5224.**

Please note – **Your claim form needs to be received by us within 90 days of your initial claims statement letter from your private medical insurer.**

## Enclose your supporting evidence

You will need to include any invoices and evidence that an excess or shortfall has been deducted from your claim and that it is due for payment. Your healthcare insurer will send you a claims statement explaining this and confirming the amount due.

The most common claims statements that medical insurers send out are: BUPA - Claims Advice; Aviva - Statement of Account; AXA PPP - Benefit Statement; or Vitality Health - Detailed Claims Statement. We require all the pages for these statements so please don't just send us the first page.

**Failure to provide us with the correct information could slow the settlement of your claim.**

# Medical Excess/Shortfall Claim Form

## INSURED DETAILS

Title | First name | Last name

Policy Number | Date of Birth

Employer Name

Who is the claim for | You | Your partner | Your child

Preferred contact number | Email address

Excess Amount £ | Shortfall Amount £

## CLAIMANT

Title | First name | Last name

Date of Birth

Address

Postcode

Preferred contact number | Email address

Have you made any other claims under this policy? | Yes | No | If Yes, date of Treatment(s)

## PAYMENTS

**All payments are settled by bank transfer. Please provide where possible the account Name, number, sort code and amount that needs to be settled**

| | | |
|---|---|---|
| Claimant - £ | Consultant - £ | Hospital - £ |
| Bank Account Name: | Bank Account Name: | Bank Account Name: |
| Sort Code: | Sort Code: | Sort Code: |
| Account Number: | Account Number: | Account Name: |

## CLAIM FORM DECLARATION

**DATA PROTECTION ACT 1998** I hereby consent to any information you have about me being processed by you for the purposes of provided insurance and claims handling, which may necessitate your providing such information to third parties.

AND

I hereby declare that the statements in this form are true in every respect to the best of my knowledge and belief and that I have disclosed all information likely to influence the assessment of my claim. I consent to the seeking of information from my present employer and any doctor who has treated me or any person/organisation that is deemed necessary, to check the answers I have provided, and I authorise the giving of such information. A copy of this authorisation shall be considered as effective and valid as the original. I understand and agree that information regarding my claim may be shared with other insurers, loss adjustors and the Benefits Agency for fraud prevention purposes and that I consent to my claim being investigated as part of this process.

Signed | Date