



## International Claim Form

Please complete the first page of this form on-line, then print out and get your GP to fill out the second page in block capitals. Ensure that all relevant invoices and receipts are attached - photocopies are not accepted. Omissions may delay payment of your claim. If you have any question regarding this form or any other aspect of your cover, please telephone or fax on: Tel: +44 1892 503 856. Fax: +44 1892 503 189.

### Member's and Patient's Details

|                                           |                                         |
|-------------------------------------------|-----------------------------------------|
| Policyholder's Name: ALITO ARJIE REFUERSO | Membership Number: 13/XN/30194/0/60/E/0 |
| Patient's Name: ALITO ARJIE REFUERSO      | Claim Number:                           |
| Address:                                  | Date of Birth: 12-Aug-1981              |
|                                           | Phone Number: 0562851438                |
| Country: Other                            | Fax/Email Address: Resident/            |

### Medical Practitioner's Details

|                             |                                                                    |
|-----------------------------|--------------------------------------------------------------------|
| Name: AHSAN HUSSAIN         | Date patient was first aware of symptoms/condition:<br>25-Oct-2024 |
| Address: 999-9999-9999999-9 | Telephone Number: 0521644729                                       |
| Country: Other              | Fax Number:                                                        |

**To be completed by patient** we will normally settle eligible bills direct with the hospital and medical practitioner concerned. If the accounts we receive from you have not been paid then we will do that automatically. If you have paid the accounts then we will require receipts and reimburse you direct.

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| <b>Payment details</b><br>payments in sterling can only be made by cheque. If the information below is incorrect or incomplete we will make payment by cheque and send it to your home address.<br><br>Currency to receive claim in<br><br>Bank name and postal address<br><br>Country of the bank<br><br>Account name<br><br>Bank account number<br><br>Swift code<br><br>IBAN code<br><br>ABA number<br><br>Total value of claim | If you are claiming for treatment received outside your Area of Cover, please answer the following question.<br>(a) Country where treatment took place:<br><br>(b) The reason for the patient being abroad:<br><br>(c) Dates of departure and return to own Area of Cover      From To<br><br>Are you claiming cash benefit for in-patient treatment received without charge? Please tick <input type="radio"/> Y <input type="radio"/> N<br>If Yes please ensure the doctor clearly indicates the admission and discharge dates and that a certificate confirming this is supplied by the hospital.<br><br>Admission Date and Time      Discharge date and time<br><b>Other insurer's details</b><br>If the treatment is accident-related or covered under another insurance policy please provide name and address of insurance company and type of policy.<br><br> |
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### Direct settlement by AXA PPP healthcare

For treatment outside the UK, It may be possible for AXA PPP healthcare to arrange direct settlement with the hospital involved. You should telephone our team of Personal Advisers treatment to arrange this on +44 1892 503 856.

