HOSPITAL CERTIFICATE

9539

UK Healthcare™

In order to ensure that the claim is processed without delay this certificate must be completed in full by the hospital and we must receive it within 6 months of the date of admission
The Declaration and Access to Medical Reports Act 1988 must be signed by you

In Patient Claims

Policy Number

Patient's name

Patient's address

Email | Contact N°

Diagnosis

Date admitted | Date discharged

Was admission maternity related? Yes No | If yes give dates | Discharged weekends? Yes No

Parental Stay

Name of parent | N° of nights

Day Surgery Claims

Patient's name

Patient's address

Diagnosis

Date of procedure | Was the operation pre-booked? Yes No

Were theatre facilities used? Yes No | Was patient admitted overnight? Yes No

Authorisation: IMPORTANT - this form must be signed and stamped by the hospital

Signed

Position

Date

Hospital Stamp

Payments

If you wish your payment to be paid directly into the bank then please enter your account details:

Account N° | Sort Code _ _

Account Name

Once you have chosen this method we will pay all future claims into your nominated bank account.

Deductions

If your premiums are taken from your wages, salary or pension please give the following information:

Company Name

Dept. | Payroll/Pension N°

Declaration and Access to Medical Reports Act 1988

I declare that the above information is correct. I understand that fraudulent claims will result in legal action and cancellation of my membership. I hereby authorise the relevant medical practitioner to divulge any information relating to the above claim.

Signature | Date

Office Use Only

Date

PUTD

Type

Credit/Chq

Auth

Ref

£

RETURN TO:

UK Healthcare, PO Box Bolton, PO Box 335, S98 1BY