

Medicare Claim Form

1. Member

Group ID* _____

Full Name* (including titles) _____

Address* _____

Postcode* _____

Date of Birth*

Email address* _____

Telephone No. _____ Mobile no. _____

Contact preference* Post Email Phone

NB: Please note that all payment letters will be sent to you via post.

Payments to your bank account

All payments will be paid directly into your bank account. Please enter your bank details below.

Account Holder's Name(s)* _____

Bank Account No.*

Branch Sort Code*

2. Patient

Full name _____

Date of Birth

Conditions/Symptoms _____

Treatment Received _____

3. Patient's general practitioner

I confirm that the treatment being claimed was undertaken as a result of a referral from my GP, whose name and address are as follows:

GP Full Name* _____

GP Surgery Name* _____

GP Surgery Address* _____

_____ Postcode* _____

Appoint an authorised representative to discuss this claim

If you would like to appoint an authorised representative to speak to The Exeter about this claim, please fill in their details below and include either their date of birth or a password for identification purposes.

Authorised Representative 1

Full name _____

Date of Birth Password _____

Authorised Representative 2

Full name _____

Date of Birth Password _____

Declaration

I hereby declare that the information given by me in relation to this claim is complete and accurate. I give my permission to The Exeter to contact the relevant third parties to validate this claim, e.g., dentists, opticians, physiotherapists, etc.

Signature _____

Date

To protect all plan holders, The Exeter will take action against anyone who makes a dishonest or false claim. Such actions could include, but are not limited to, refusal to accept liability to pay a claim, termination of your plan or legal action.

The enclosed accounts are: paid unpaid (please tick appropriate box)

Once you have completed this form please return your completed form to us by post or email:

Post

Send this form and all relevant original receipts to: The Exeter, Claims Department, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ

Email

Send this form and photos in JPEG format or scanned copies in PDF format of all relevant receipts to exeter.cashplan@wessex-group.co.uk

If you have a query, please contact Customer Services on **0300 123 3256**.
Lines open Monday – Friday 9am – 5pm.

Calls may be recorded and monitored.

*This information is mandatory.

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