

# CLAIM AUTHORISATION FORM



A claim form must be fully completed for each new medical condition and submitted to us for authorisation before arranging treatment. If you do not obtain pre-authorisation from us before arranging treatment you may be liable for any costs incurred.

## SECTION A - Policy Details. To be completed by the claiming member.

Member Name	<input type="text"/>	Date of Birth	<input type="text"/>
Policy Number	<input type="text"/>	Claim Number	<input type="text"/>
Address	<input type="text"/>		
Tel No	<input type="text"/>	Email	<input type="text"/>

### Claim Details:

What symptoms are you experiencing?

How long have you been experiencing these symptoms?

Have you previously suffered from these symptoms?

YES  NO

(If 'yes' please state date)

/   /

Are the symptoms you are experiencing as a result of an accident?

YES  NO

If 'yes' please provide details below.

Are you making a compensation claim?

YES  NO

If 'yes' please provide details of the solicitor acting on your behalf below.

Can you claim for this treatment from any other insurance policy?

YES  NO

If 'yes' please provide details of insurers

[www.the-exeter.com](http://www.the-exeter.com)

**Calls may be recorded and monitored**

The Exeter is a trading name of Exeter Friendly Society Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Register number 205309) and is incorporated under the Friendly Societies Act 1992 Register No. 91F with its registered office at Lakeside House, Emperor Way, Exeter, England EX1 3FD.





**Access to Medical Reports Act 1988:**

It is a UK legal requirement to inform you of your rights under the Access to Medical Reports Act 1988, different rules may apply in other countries. If we need to obtain a medical report from your medical attendant to assist us in assessing your claim we need your written consent. Your right as stated within the Access to Medical Reports Act 1988 are outlined below:

1. You have a right to see any medical report before it is sent to us, you have 21 days, from the time you inform us that you wish to see the report, to contact the medical attendant to arrange for this. After such period the report will be directly sent to us
2. This right will continue for a period of 6 months from the day we receive the report
3. The medical attendant is not obliged to let you see any parts of the report if he or she believes this could cause you or others serious physical or mental harm
4. Where you have been provided access to a report before we receive it, your medical attendant can't release it to us without your further consent
5. We can't obtain a medical report without your consent.

**Declaration:**

I have been informed of my rights under the Access to Medical Reports Act 1988 and the purposes The Exeter will use the information obtained from my medical attendant and/or consulting specialist.

I consent to The Exeter obtaining further medical information in the form of a medical report or notes if required to assess my claim.

I do/I do not wish\* to see a copy of a medical report/notes before it is sent to The Exeter (\*Delete as appropriate)

**SIGNED**

**DATE**

/   /

**SECTION B – To be completed by the Specialist Consultant**

Further to my recent consultation with

On  /  /  I confirm the following:**B1) Presenting symptoms****B2) Diagnosis**

How long have you been a medical attendant for this patient?

 Years  Months

When did your patient first consult you or any other medical attendant with these symptoms?

 /  / 

How long have the symptoms been present?

**B3) Treatment Details**

If you are proposing treatment please provide details below, if you are not please move to section B4.

1) Diagnostic or surgical procedure 3) Consultations / Diagnostic Tests 2) Medical admission 4) Other 

If you have ticked boxes 1 or 2, please move to section B5. If you have ticked boxes 3 or 4, please provide further details below and move to section C.

**B4)** If you are not proposing treatment, is a follow up consultation required? YES  NO Are you referring  to another treating specialist? YES  NO 

If 'yes' please provide full details:

**B5) Admission Details**

If you are proposing a surgical or diagnostic procedure or a medical admission, please provide further details. Incomplete information may cause delay in assessing the claim.

**Proposed treatment**

**Hospital**

**Tel No:**

**Fax No:**


**Admission date (if known)**  /  /

**Details of admission:**

Day-patient  Out-patient

or

In-patient  How many nights as an In-patient?

**Surgeon's fee**

**Hospital charges**

**Inclusive of local anaesthetic?** YES  NO  **Local anaesthetic fee**

**Anaesthetist name**


**Anaesthetist's fee**

**Section C**

**Consultant name (please print):**

**Speciality:**

**Tel No:**

**Email:**

**SIGNED:**

**DATE:**  /  /