

One Fund Company Paid Health Cash Plan Claim Form

Please complete carefully in BLOCK CAPITALS using black ink. Please ensure you complete the claim form in full otherwise it may result in a delay in processing your claim. All claims must be made within 3 months of the date of treatment. Please refer to your plan schedule and the benefits table for details of the benefits and excess limits applicable to your plan and level of cover.

1. Plan holder's details

Plan reference* _____

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*

Please complete this section if the claim is for your dependent child

Child's Full Name _____

Child's Date of Birth

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.

2. Claim Type

Please tick the relevant benefit and fill in the cost and date of the treatment. You may use this form to claim more than one benefit. Please ensure you enclose all the relevant receipts with this claim form. If you have received a series of treatments, each receipt must show the date and cost of the treatment.

Benefit

Optical	Dental	Complementary Therapies*	Consultation	Health Screening	Counselling	PMI Excess Cover	£	Amount of receipt	Date of receipt				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Physiotherapy, osteopathy, chiropractic and acupuncture

Remember you will pay the first £50 of the cost in both the dental and optical benefit categories (with the exception of eye tests) in each plan year and any payment we make will be reduced by this amount. The amount you receive will be limited by the maximum annual limits on your plan. We will not pay for any treatment not covered under the terms of the plan. Please refer to the 'Your plan explained' booklet for full details of the treatments covered by your One Fund Plan. Please note that for claims relating to Complementary Therapies we may ask your practitioner for further details.

3. Proof of Payment

<p>Please note that The Exeter will only pay claims for treatment provided by healthcare professionals who are registered with organisations recognised by The Exeter. See the 'Your plan explained' booklet for further details.</p> <p>When making a claim you will need to send us the receipt confirming payment.</p> <p>The receipt must contain certain information, including:</p> <ul style="list-style-type: none"> • The full name, address and qualifications of the person providing treatment • The patient's full name • A full description of the treatment provided, including dates and amounts paid by the patients 	<p>Sample receipt</p> <p>Name, address and qualifications of practitioner</p>	<p>Physiotherapy Clinic</p> <p>HPC REGISTERED</p> <p>7 ANY PLACE AVENUE</p> <p>ANYTOWN, AN1 2BG</p>
	<p>Details of recipient of treatment</p>	<p>MR JOHN SMITH,</p> <p>11 HIGH STREET,</p> <p>ANYTOWN, A1 2MS</p>
	<p>Details of treatment, including date, description, and cost</p>	<p>03/04/15 FULL DESCRIPTION £18.00</p> <p>12/04/15 FULL DESCRIPTION £18.00</p> <p>19/04/15 FULL DESCRIPTION £18.00</p>
	<p>Confirmation that the practitioner has been paid for the treatment</p>	<p>RECEIPT PAID IN FULL 19/04/15</p>
<p>The Exeter will only accept receipts which have not been altered, nor do we accept invoices, photocopies, credit or debit card payment receipts. Please note receipts will not be returned.</p>		

4. Checklist

Please ensure you have:

- Signed and dated the declaration
- Provided your plan reference number
- Attached all relevant receipts (including receipts for claims within the excess)
- Completed your bank details

Further claims forms can be requested from Customer Services on **0300 123 3256** or downloaded from our website: www.the-exeter.com.

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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