

## **Elite policies – important information about the claims process**

We aim to make the claims process as simple and straightforward as possible. Here are a few key tips to help you understand how your policy and the claims process works.

### ***What your policy is designed to do***

Freedom Health Insurance policies are designed to cover the reasonable cost of clinically appropriate medical treatment that is required to treat a new and unexpected short-term acute condition in line with the benefits shown on your certificate of insurance. Long-term conditions, called chronic conditions, are not covered.

For a full explanation of how your policy works, what it does and does not cover, and how to make a claim, you should read your certificate of insurance ('certificate') together with the policy guide.

### ***General Practitioner (GP) referral***

All claims must be supported by a copy of the letter sent by the patient's GP to the specialist they are being referred to. The letter should include a description of the patient's symptoms, what tests have already been carried out and the results of those tests, what treatment has already been given and all relevant past medical history.

Before we accept a claim, we will need a copy of the GP's referral letter, along with any enclosures, and it is your responsibility to ensure this is sent to us before we agree a claim. Any charge made by the GP for providing this information is not recoverable from us.

Sometimes we can accept a claim without receiving this information first, but it should be sent to us as soon as possible afterwards. Occasionally, we may need to see the patient's full medical records.

If the patient's GP has not referred for treatment, or indicates that a referral for treatment is not clinically justified, no cover will be provided.

### ***Pre-authorisation of treatment***

All treatment must be pre-authorised by us in advance so we can confirm the availability of cover and issue an authorisation code to assist with direct billing and settlement. If treatment is not pre-authorised in advance, we cannot guarantee that the claim will be accepted or that costs will be paid in full and you may be left with a shortfall.

### ***Policy limits***

Your certificate will show the level of cover provided by your policy including any endorsements, benefit limits or excess you need to be aware of.

If your policy has limited cover for outpatient treatment, check the cost of the treatment before proceeding to make sure your policy has sufficient cover available, particularly if there is more than one current claim. Any costs incurred above the policy limit will be your responsibility.

### ***Your policy must remain in force at the time of treatment***

All payments we make will be in line with the benefits, terms and conditions of your policy that are in force at the time the treatment takes place regardless of when we authorised the claim. So, for example, if the premiums are not up to date, or your policy has since been cancelled, we will not pay the cost of any treatment even if it was previously authorised by us.

Similarly, if any changes are made to your policy that take effect after we have authorised the claim but before the treatment is received, these will be taken into consideration before we make any payment. In some cases, depending on what the changes are, this may mean we will not pay for some or all of the treatment costs previously authorised.

***Policy excess***

If your certificate indicates an excess applies to your policy, please be aware the excess applies 'per person, per period of insurance'. This means each person on your policy only pays an excess once during a single period of insurance regardless of how many claims are made during that period.

However, as the excess also applies 'per period of insurance', this means it will have to be paid again at the beginning of each period of insurance even if the claim started in a previous period of insurance and treatment is ongoing. This means an excess will be paid twice for the same course of treatment that starts in one period of insurance and continues into the next.

If an excess is due, we will deduct the excess amount from the first eligible invoice(s) we process so it is important you send us all invoices you receive promptly. We will tell you who the excess needs to be paid to.

***Paying invoices***

We prefer to settle invoices directly with the medical practitioner or facility if we can, but if you have already paid the invoice yourself, you must send this to us within six months along with a written request for reimbursement. Please make sure the invoice is marked as 'Paid' to avoid a duplicate payment being sent directly to the medical practitioner or facility. We will reimburse you by cheque.

***Keeping in touch***

We can only settle invoices for treatment we have pre-authorized. If we receive an invoice for treatment we have not pre-authorized, we will not make any payment until we receive the information we need in order to validate the claim.

Therefore, it is important you keep in touch with us during treatment so we always know what is going on; this helps us to advise you quickly and correctly on policy cover whenever further treatment is needed and you need to make a further claim on your policy.

***Important final note***

Whenever we authorise cover for medical treatment under any of our policies, we do so in good faith based on the information sent to us by an insured member or by a third party on behalf of the insured member. Therefore, we reserve the right to withdraw authorisation for any claim if, having given authorisation, we then receive new information which means the claim is not covered under the policy. This may mean we will not pay for treatment costs previously authorised.

***Our contact details***

Please call the claims helpline to make a new claim or if you have a question about an existing claim:

Freedom Health Insurance  
Bourne Gate  
25 Bourne Valley Road  
Poole  
Dorset  
BH12 1DY

Phone: 0800 999 2013 or 01202 756 350  
Fax: 01202 756 351  
Email: [claims@freedomhealthinsurance.co.uk](mailto:claims@freedomhealthinsurance.co.uk)

Calls to 0800 numbers are free from all consumer landlines and mobile phones. If you are calling from a business phone, you should check with your provider whether there will be a charge for calling an 0800 number.