Your Choice 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

All Freedom health insurance policies are designed to cover reasonable costs 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 and what it does and does not cover, you should read your certificate of insurance in conjunction with the policy document.

General Practitioner (GP) referral

All claims must be supported by a copy of the letter sent by the patient's GP to the specialist he or she is referring to. The letter should include a description of the symptoms, what treatment has already been given, results of any tests already carried out 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 make any payments. 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 then 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. In addition, please also be aware that there is no cover for diagnostic tests and treatments arranged directly by the GP with referral to a specialist.

Policy limits

Your certificate of insurance 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 out-patient 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.

Policy excess

If your certificate of insurance indicates an excess applies on your policy, please be aware the excess applies 'per person, per claim'. This means each person covered on your policy only pays an excess once at the start of each claim regardless of how long the treatment continues.

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 and send you a copy of the relevant invoice.

Please note that treatment of 'bilateral' conditions will usually be treated as separate claims and an excess will apply to each claim.

Paying invoices – out-patient treatment only

If practical, we can settle eligible, pre-authorised out-patient treatment costs directly with the medical practitioner or facility. If you require direct settlement, and the medical practitioner or facility agrees to this, you should provide them with our details including your policy and claim number at the start of treatment. If you send us an invoice for direct settlement, make sure it is clearly marked with your policy and claim number. You may also want to tell the medical practitioner or facility you have done this.

If you have already paid the invoice, please make sure it is clearly marked as 'Paid' to avoid a further payment being sent directly to the medical practitioner or facility.

Please note all payments are made by cheque.

In-patient and day-patient treatment

If the specialist recommends surgical treatment as an in-patient or day-patient, we may ask you to arrange for Part B of the claim form to be completed by the specialist to confirm the treatment required. Once the completed form is returned to us, we can confirm whether the treatment is covered by your policy.

Then, in line with the terms and conditions of the Your Choice policy, we will pay you a fixed cash sum towards the cost of the proposed treatment based on the average price charged by several private hospitals nationwide for providing this treatment on a self-pay basis. Examples of some of the benefit amounts we pay for a selection of procedures can be found on our website at http://www.freedomhealthinsurance.co.uk/downloads/your-choice-procedure-payment-guide

Once we have confirmed the amount of benefit you will receive, you should arrange to have the treatment as a self-pay patient in a private hospital of your choice. Most hospitals will offer all-inclusive fixed price packages where the cost of the procedure, and all associated costs, is fixed and guaranteed prior to the service – some packages may also include an element of aftercare. Using the cash benefit paid by us, you should negotiate a self-pay fixed price package directly with the hospital of your choice. If the cost of the treatment is lower than the cash benefit we pay you, you can keep the surplus but if the hospital you choose charges more than the cash benefit you will be personally responsible for settling the balance with the hospital.

To take advantage of the self-pay fixed price packages available, it is important you make it clear to the hospital that you are a self-pay patient and not an insured patient and that we will not make payment directly to the hospital in these circumstances. This does mean you will be responsible for settling the hospital charges directly and so the hospital may insist on full payment before you are admitted. We will make every effort to send the cash benefit to you before the surgery is scheduled to take place, but this will not always be possible depending on how quickly the surgery is scheduled. In these situations, we will endeavour to send the cash benefit to you as soon as possible.

Please note that all payments are made by cheque and we will need a minimum of five working days' notice before the surgery takes place so we can send the cheque to you before surgery.

If you choose to have treatment free of charge on the NHS, we will pay you 50% of the cash benefit. The claim must be pre-authorised before surgery takes place and the cash benefit will be paid once you have received treatment and have sent us evidence of this – usually a copy of the discharge letter.

For full details on how to make a claim for in-patient and day-patient treatment, please refer to the Your Choice policy document, a copy of which is available on request.

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 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.

Keeping in touch

We can only settle invoices for treatment that we have pre-authorised. If we receive an invoice for treatment we have not authorised, 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 we have been sent 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 and proposed treatment is not covered under the terms and conditions of the policy. This may mean we will not pay for treatment costs previously authorised.

Our contact details

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

Phone: 08703 50 40 30
Fax: 08703 50 40 40
Email: claims@freedomhealthinsurance.co.uk