Freedom Health Insurance

Medical Consent Form

Notes on making a claim

- Issuing a consent form is not confirmation that the treatment you require is covered.
- Before submitting a claim, please read your policy documents to remind yourself of the benefits you selected, any exclusions, and the claims procedure.
- Fill in this form as fully as possible. The more information we have the quicker we can assess your claim and certify your consultation / treatment, if it is covered by your policy.
- Any questions you have relating to the completion of this form should be referred to our Claims Helpline on 0800 999 2013 or 01202 756 350 where one of our experienced staff will be happy to assist.
- When the claim form is complete, please send it to the Claims Department, Freedom Health Insurance, County Gates House, 300 Poole Road, Poole BH12 1AZ

Useful information for Moratorium policies only

We exclude any conditions for which you have received medication, advice or treatment or you have experienced symptoms whether the condition has been diagnosed or not in the five years before the start of your cover (pre-existing conditions).
Related conditions (those which are medically considered to be associated with a pre-existing condition) will also not be covered.
However, if you have not had any such symptoms, treatment, medication or advice for a pre-existing condition or any related condition for a continuous period of 2 (two) years after the start date of your Policy for a particular condition, the condition will become eligible for cover under this Policy. This period is known as the Moratorium.

IMPORTANT

If you have not received certification of treatment in writing, we may decline to pay for any treatment you have undergone.

1. About your policy (To be completed by the policyholder)

Policy number: | Title:

Forename (s): | Surname:

Date of birth: D D M M Y Y Y Y | Occupation:

Address:

Postcode:

Tel number (inc area code) Daytime: | Evening:

Mobile: | Email address:

2. About the patient (To be completed by the patient if different to the policyholder details in section 1 above)

Title: | Forename (s): | Surname:

Date of birth: D D M M Y Y Y Y | Occupation:

Address:

Postcode:

Tel number (inc area code) Daytime: | Evening:

Mobile: | Email address:

3. About the claim (To be completed by the patient)

Please provide details of the condition or symptoms which require advice or treatment

Please provide dates of when initial signs/symptoms first became apparent D D M M Y Y Y Y

When did you first consult your General Practitioner? D D M M Y Y Y Y

Is the condition / symptoms the result of an accident? Yes ☐ No ☐

If yes, please provide details of circumstances surrounding the accident.

Please provide the following details about your General Practitioner:

GP's name:

GP's address:

Postcode:

GP's telephone number:

Have you consulted any other General Practitioner (outside your practice) over the last 5 years (including any private GP)? Yes ☐ No ☐

If yes, please give details.

4. Access to medical reports/medical records

(To be completed by the policyholder and (if different) the patient)

Before we can assess your claim, we may need your doctor to complete a medical report or send us copies of your medical records . In this respect, the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 provide you with certain legal rights. The main points are:

- We need your consent before we apply to your doctor for a report /medical records.
- You can refuse, but if you do, we may not be able to proceed with your claim.
- You can ask to see your doctor's report/records before it is sent to us.
- If you tick the box indicating that you want to see the report we will tell your doctor you want to see the report/records and write to you confirming we have done this. You then have 21 days to arrange with your doctor to see the report/records. If you fail to make arrangements to see the report / records within 21 days, it will then be sent to us.
- If you think any part of the report/records is wrong or misleading, you can ask your doctor to change it.
- If your doctor does not agree to the changes you ask for, you can attach your own comments to the report.
- There may be parts of the report/records you are not entitled to see. These are any part which your doctor believes could seriously harm your physical or mental health or the interests of others, or reveals information about another person or the identity of someone who has given the doctor information about you (unless that person consents or is a health professional who is or has been involved in caring for you).
- If you do not ask to see the report/records before it is sent to us, you can still ask your doctor to provide a copy for up to six months. Your doctor may charge for this.

Declaration (Including consent to obtain medical information from your doctor)

I declare to the best of my knowledge and belief, that the information given on this form is true and complete.

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and the access to Personal Files and Medical Reports (Northern Ireland) Order 1991 as explained above. I hereby consent to Freedom Health Insurance being provided with medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health, and to this information being passed to Freedom Health Insurance administrators. I agree that a copy of this consent shall have the validity of the original.

I do ☐ do not ☐ wish to see any report/records before it is sent to Freedom Health Insurance

Signed Policyholder D D M M Y Y Y Y

Patient (if different) D D M M Y Y Y Y

(For office use only) Policy Number: