

How to submit a Private Medical Insurance (PMI) Excess or Shortfall Claim

Completing the claim form

Please ensure that you have completed all parts of the claim form and sign the declaration. All claims are settled by bank transfer and requires you to provide the bank account details.

Enclose your supporting evidence

You will need to include evidence that an excess or shortfall has been deducted from your claim and that it is due for payment. Your healthcare insurer will issue you a claims statement either by post or electronically explaining the reason and confirming the amount due.

The most common claims statements that medical insurers send out are:

- AXA PPP – An update about your claim
- Vitality Health - Detailed Claims Statement
- Aviva- Statement of Accounts
- BUPA - Claims Advice

We require all the pages for these statements so please don't just send the first page.

Then submit your claim form with the supporting evidence and emailing them to claims@medexprotect.co.uk

Please note – **Your claim form needs to be received by us within 90 days of your initial claims statement letter from your private medical insurer.**

POLICY HOLDERS DETAILS

Title First name Last name

Medex Policy Number Date of Birth

Company Name

Who is the claim for You Your partner Your child

Preferred contact number Email

Excess Amount £ Shortfall Amount £

CLAIMANTS DETAILS

Title First name Last name

Date of Birth

Preferred contact number Email

PAYMENTS

All payments are settled by bank transfer. Please provide the account name, number, sort code and amount that needs to be settled.

Claimants Bank Details

Account Holder Name:

Sort Code:

Account Number:

Amount:

Consultant Bank Details

Bank Account Name:

Sort Code:

Account Number:

Amount:

Hospital/Clinic Bank Details

Bank Account Name:

Sort Code:

Account Number:

Amount:

CLAIM FORM DECLARATION

I declare that the information included in this form is accurate, true and complete to the best of my knowledge and belief and that I have disclosed all information likely to influence the assessment of my claim.

If submitting any information on behalf of another member covered by my policy, I also confirm that I am doing so with their knowledge and permission.

I authorise my employer and any medical practitioner or any other person/ organisation(s) concerned with providing treatment to provide Medex Protect Ltd with any information that may be relevant to this claim.

I understand that information regarding my claim may be shared with other insurers, loss adjustors and the Benefits Agency for fraud prevention purposes.

Privacy Notice

For information on how we use and take care of your personal information please refer to our privacy notice at <https://www.healthshield.co.uk/privacy-policy/>

Signed Date