

## **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 health care 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](mailto: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.**

Medex Protect, Medical Excess and Shortfall Insurance is provided by Medex Protect Limited, which is authorised and regulated by the Financial Conduct Authority (FCA Ref Number: 735475). Medex Protect Limited is both a subsidiary of, and underwritten by Health Shield Friendly Society Limited.

Health Shield Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Medex Protect Limited is registered in England – Company Registration Number 8792006. Registered Office: Electra Way, Crewe Business Park, Crewe, CW1 6HS.

## MEDICAL EXCESS/SHORTFALL CLAIM FORM

### POLICY HOLDERS DETAILS

**Company Name** **Medex Policy Number**

**First name** **Last name**

**Date of Birth**

**Preferred contact number:** **Email:**

**Excess Amount** **Shortfall Amount**

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### CLAIMANTS DETAILS (If the claim is for you, tick the box below and move on to the Payments section)

**Who is the claim for:**  **You**     **Your Partner**     **Your Child**

**First name** **Last name**

**Date of Birth**    **Preferred contact number:**    **Email:**

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### PAYMENTS

All payments are made by bank transfer only. Please provide the Account Name, Account Number, Sort Code and the amount that needs to be paid. This can be either yourself, the Hospital, the Consult, or multiple payments.

#### Payment Details

Account Holder Name:

Sort Code:

Account Number:

Amount

#### Payment Details

Account Holder Name:

Sort Code:

Account Number:

Amount

#### Payment Details

Account Holder Name:

Sort Code:

Account Number:

Amount

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### 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 this form on behalf of the claimant, I 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 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**

By typing your name and dating this document you are demonstrating your understanding of the declarations mentioned in this document.