



Claim Form



Please send this form to Atlas Healthcare Insurance Agency Ltd – Abate Rigord Street, Ta' Xbiex XBX 1121, Malta within two months of treatment, attaching original bills or receipts and an itemised list of all tests carried out. Please complete in BLOCK CAPITALS throughout.

1. Subscriber and patient details

Policy number: Group (where applicable):

Title: Subscriber's name: ID/Passport number:

Address:

Title: Patient's name: ID/Passport number:

Date of birth: Relationship to subscriber: Occupation:

Contact Number: Email:

Reason for asking for medical advice:

Is this the first claim for this condition? Yes No Date patient first aware of symptoms:

Is this claim the result of any accident? Yes No If yes give details:

Is this claim claimable from any other source (ie another insurance company)? Yes No

I declare that to the best of my knowledge and belief the statements made on this form are true and complete.

Data and Privacy Protection

Atlas Insurance PCC Limited and/or any other subsidiaries of Atlas Holdings Limited or any of its daughter companies (hereinafter 'Atlas', 'us', 'our', 'we') are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about **you** or relating to **you** and/or to any other person/s whom **you** insure with **Atlas** (hereinafter 'others').

In completing all the forms related to **your** policies or claims, **you** confirm **your** understanding and acceptance of the terms in **our** Data Protection and Privacy Statement. **You** hereby warrant that **you** have informed **others** why **we** asked for this information and what **we** will use it for and have obtained the necessary explicit verbal consent to process such data for the purposes mentioned below.

Atlas collects and processes information about **you** and **others** for purposes which include preparing requested quotations, underwriting and administering the insurance proposal and **policy**, carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). **Atlas** may monitor calls to and from customers for training, quality and regulatory purposes.

Atlas may collect and disclose **your** and **others'** information from/to other entities in order to conduct **our** business including:

- managing claims, which may require **us** to obtain data including medical information from healthcare providers (including any public or private hospital, clinic, laboratory or other medical facility) and/or **your** employers (for company schemes) and which **you** hereby authorise to provide **us** with such information;
 - administering policies with:
 - our** associated companies
 - introducers, intermediaries, agents or brokers when these are appointed by **you**,
 - the policyholder (in the case of corporate policies),
 - insurance principals, reinsurers and co-insurers
- including third parties providing services to these;
- helping **us** prevent or detect crime by sharing **your** information with regulatory and public bodies in **Malta** or, if applicable, overseas, including the police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit reference or fraud searches or investigations;
 - our** third party suppliers or service providers to whom **we** outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

You can withdraw **your** consent to **Atlas** processing your personal information which is processed with your consent, e.g. direct marketing, at any time. **You** have the right to access **your** personal data and ask **Atlas** to update or correct the information held or delete such personal data from **our** records if it is no longer needed for the purposes indicated above. **You** may exercise these and other rights held in the **Atlas** Data Protection and Privacy Statement, by contacting **our** Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 48-50 Ta' Xbiex Seafront, Ta' Xbiex XBX 1021 Malta or email dpo@atlas.com.mt. Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

If **you** and **others** consider that the processing of personal data by **Atlas** is not in compliance with data protection laws and regulations, **you** and **others** may lodge a complaint with **us** and/or the Office of the Information and Data Protection Commissioner by following this link <https://idpc.org.mt/en/Pages/contact/complaints.aspx>.

If **you** wish to view the full **Atlas** Data Protection and Privacy Statement, for a better understanding of how **we** use this data please visit <https://www.atlas.com.mt/legal/data-protection/>. Kindly note that this is subject to occasional changes including to comply with changing data protection laws, regulations and guidance.

Patient's signature:
(Parent to sign if child is under 18)

Date:

I confirm my understanding and acceptance of the above.

2. Your payment instructions

2.a Request for direct credit of payment to bank account (only requires completion ONCE for all future claims for this patient)

I request ALL FUTURE CLAIMS to be paid directly to: Bank Branch

Bank account number (IBAN):

In the name of: BIC/SWIFT (Bank Identifier Code, foreign bank accounts only)

Please send notification of payment to the following email address:

Please reverse my previous instructions to credit a bank account for claims in respect of this patient and issue cheques for this and any future claim payments.

Patient's signature if aged 18 or over
(Subscriber's signature if patient is under 18):

Date:

Note: Claim settlement by direct credit transfer is only possible for bank accounts which are within the Single Euro Payments Area (SEPA).

2.b Request for payment to be made to a person other than the patient

Payments will otherwise ALWAYS be made directly to the patient whenever the patient is 18 and over.

I authorise benefit to be paid directly to:

Address:

Patient's signature if aged 18 or over
(Subscriber's signature if patient is under 18):

Date:

DDMMYYYY

To help us assess your claim efficiently

Please follow these instructions carefully to ensure that your claim will be processed efficiently and without any need for further clarification.

1. Claims for specialist consultations and any diagnostic procedures must be referred by your family doctor.
2. Call Atlas Healthcare to confirm cover BEFORE:
 - (i) being admitted to hospital even if only for a few hours
 - (ii) a PET, CT or MRI scan
 - (iii) a bone density scan
 - (iv) a mammogram
 - (v) home nursing
 - (vi) psychiatric treatment. We will confirm the extent of your cover and put your mind at rest as to how your cover applies to the hospital or specialist you have chosen.
3. We recommend that you photocopy the completed form and any enclosures for your records.
4. We are unable to accept original receipts where alterations have been made unless such alteration is signed by the person issuing the receipt.

3. Medical statement

Part A – To be completed by your family doctor BEFORE your visit to the specialist

Date of first consultation for
this condition:

DDMMYYYY

Date patient first aware of
symptoms:

DDMMYYYY

Medical history of condition including details of previous treatment:

Treatment given:

Family doctor declaration

I have examined the patient on

DDMMYYYY

and I declare that I am unable to provide the necessary further treatment and

I am therefore referring the patient to the following specialist:

Signature:

Date:

DDMMYYYY

Stamp:

Telephone number:

Part B – To be completed by the specialist referred by your family doctor

In cases of paediatrics or gynaecology/obstetrics, the specialist must also complete part A.
If this section is not completed in full we may require a separate medical report

Name of patient:

State procedure code if known:

Details of condition:

Drugs prescribed:

Planned future treatment specifying any relevant dates:

Diagnosis:

Signature:

Date:

DDMMYYYY

Stamp:

Telephone number:



Registered address: 47-50 Ta' Xbiex Sea Front Ta' Xbiex XBX 1021 Malta

Atlas Healthcare Insurance Agency Limited (C32603) is authorised under the Insurance Distribution Act to act as Enrolled Insurance Agents for Atlas Insurance PCC Limited (C5601) (AIPL). AIPL is a cell company authorised under the Insurance Business Act 1998 to carry on general insurance business. The non-cellular assets of the company may be used to meet losses incurred by the cells in excess of their assets. Both entities are regulated by the Malta Financial Services Authority.

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