

Es schreibt Ihnen:

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Kostenerstattung mit der internationalen Krankenversicherung ALC Global Health Insurance

Guten Tag,

als Kunde einer internationalen Krankenversicherung sind Sie leistungsstark und günstig abgesichert.

Damit Ihre medizinischen Kosten möglichst schnell erstattet werden können, sollten Sie im Leistungsfall gewisse Unterschiede beachten - z. B. sind die Fristen, in denen Rechnungen eingereicht werden können, in der Regel nur 6 Monate nach Behandlungsdatum.

Weil der Aufwand bei der Antragsstellung überschaubar war, müssen nun bei der Einreichung von Rechnungen detaillierte Auskünfte zur erstmaligen Erkrankung und Behandlung gegeben werden.

Als Experte helfe ich Ihnen gerne Sprachbarrieren zu überwinden und unterstütze Sie im Leistungsfall bei allen Abläufen.

Und so funktioniert´s:

- 1. Füllen Sie den folgenden Leistungsantrag („Claimform“) vollständig aus.**
Besonders wichtig ist die Beantwortung der Fragen im ärztlichen Teil zu:
Diagnose, Datum der ersten Beschwerden und Erstbehandlung.
- 2. Legen Sie die Arztrechnungen/Rezepte der behandelnden Diagnose bei.**
Soll direkt an die medizinische Einrichtung direkt reguliert werden, notieren Sie einen kurzen Hinweis auf der entsprechenden Rechnung.
- 3. Fügen Sie die Zahlungsbelege bei.**
Wenn Sie Kosten bereits im Voraus bezahlt haben und auf Ihr Konto erstattet werden soll, ist ein Überweisungsbeleg / Quittung immer erforderlich.
- 4. Erteilen Sie uns Ihre Einwilligung zur Übermittlung Ihrer gesundheitlichen Daten.**
Wenn Sie unsere Unterstützung benötigen, dürfen wir Rückfragen zwischen Ihrer Versicherung und Ärzten andernfalls nicht direkt klären.
- 5. Unterlagen abschicken.**
An uns übermitteln wie es Ihnen am leichtesten fällt: Um Ihnen unnötige Bürokratie zu ersparen nutzen wir E-Mail, Fax, aber auch den klassischen Brief.

Wie geht's dann weiter?

Wir prüfen alle Ihre Antragsangaben vorab auf Vollständigkeit und reichen die Unterlagen dann zur Bearbeitung bei Ihrem Versicherer ein. Im Anschluss - meist innerhalb von 21 Tagen - erhalten Sie Ihr Geld und eine übersichtliche Leistungsabrechnung.

Noch Fragen?

Rufen Sie mich einfach an – ich freue mich auf Sie!

Herzliche Grüße
Ihre Alexandra Dirr



To be completed by the **THERAPIST** of the person who the claim relates to. Any charge for completion of this certificate is the responsibility of the Insured Person and is not refundable by Insurers.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS TO AVOID DELAYS AND UNNECESSARY CORRESPONDENCE.

Claim Reference Number (if known):

Patient Details:

First Full Name// Ihr Name:	
Date of Birth// Geburtsdatum:	
Telephone Number/s	
Email Address	
Policy Number:	Customer Number:

Therapist Details:

Therapist Name	
Business Name	
Telephone Number/s	
Email Address	

Clinical Details:

Confirmed Diagnosis// bestätigte Diagnose:

Confirm the Date of Diagnosis/Datum der Erstdiagnose: ____/____/____

Therapy Details:

Number of sessions to date/ Anzahl der Sitzungen bisher:

Type of therapy – please state/ Therapieform – bitte angeben

Physiotherapy, chiropractic therapy, osteopathy, acupuncture or other-

General progress with treatment /Allgemeiner Behandlungsfortschritt- please specify exact areas of improvement:

Provide exact details of any changes with pain – increased or decreased (scale out of 10) Angaben zu allen Schmerzveränderungen

Indicate levels of improvement/deterioration with ROM/Zeigen Sie den Grad der Verbesserung/Verschlechterung an:

Details of improved balance –Details zur verbesserten Balance

Type of additional therapy performed as well as physiotherapy if applicable: Art der zusätzlich durchgeführten Therapie sowie ggf.

Physiotherapie

Manual therapy techniques

TENS

Ultrasound/Hydrotherapy

Treatment Plan/ Behandlungsplan:

Number of further sessions required:

Any proposed recommendations for additional treatment:

Next review date with doctor:

Your Declaration

Full name

Date

Signature

Address

Practice Stamp

Medical Release form

Underwritten by Catlin Insurance Company (UK) Ltd



ALC Health, on behalf of their underwriters Catlin Insurance Company (UK) Ltd, has appointed Global Response to manage your claim on their behalf. To do this efficiently, we ask your permission to contact any doctor who has seen you in relation to your current medical condition. You do not have to give this permission if you do not want to. However, please be aware that if you choose not to, we may be unable to accept or process your claim.

Filling out this form

- Use this form to authorise release of your medical information.
- Make sure you answer all questions and sign the declaration.
- Please write clearly using capital letters.
- If you have any questions, call us on +44 (0) 330 333 6686

What's next?

Send your completed form to us using one of these options.

- Online:** www.alchealth.com/claims.htm
Email: claims@alchealth.com
Fax: +44 (0) 330 333 6687
Post: ALC Health Claims Team, Global Response Ltd
PO Box 1114 Cardiff CF11 1UL
United Kingdom

1 Patient's details

Title
 Mr Mrs Miss Ms Other

Patient's first name(s) **Vorname**

Patient's surname **Nachname**

Date of birth (DD-MM-YYYY) **Geburtsdatum**

Patient's Customer and Policy Number **Versicherungsnummer**

Case reference

Patient's contact numbers
T:
M:

Patient's postal address **Anschrift**

Postcode Country

Patient's email address

Before giving this consent you should be aware of your patient rights under the "ACCESS TO MEDICAL REPORTS ACT 1988", which are summarised below.

- 1 You may withhold your consent.
- 2 You may see any reports before they are sent.
- 3 You may see a report for up to six months after the report is completed.
- 4 You may ask Global Response to amend any part of a report which you consider to be incorrect or misleading. If we do not agree with your request, you may attach your comments to the report.

We may withhold all or part of the report from you if we consider that you may be physically or mentally harmed by it.

Please also note that this information may be passed on to ALC Health, their underwriters Catlin Insurance Company (UK) Ltd or any elected third party.

2 Patient declaration and consent

Having been made aware of my statutory rights under the "Access to Medical Reports Act 1988" in connection with my claim,

- i I hereby consent to Global Response requesting medical information from any doctor who has seen me concerning anything which affects my physical or mental health.
- ii I authorise any medical doctor to disclose such information to Global Response and any third party on their behalf.

If you wish to see any report before it is sent to Global Response, the processing of your claim may be significantly delayed.

If you have read points 1 to 4 on the previous page and are in agreement with the Patient Declaration, please sign and date this document below and return it to us using one of the following options: Online, Email, Fax or Post.

I declare that I am the patient

Yes

If the patient is under 16, a parent or guardian should mark this box and sign below on behalf of the patient

I wish to see any report from the doctor before it is sent to you

Yes No

I agree to receiving benefit statements and personal medical information via email

Yes No

Patient's full name **vollständiger Name**

Signed (to be signed by the parent/guardian if the patient is under 16) **Unterschrift**

Date (DD-MM-YYYY) **Datum**

Thank you for your assistance in completing this form. We will continue to monitor your case and maintain contact with you and your treating doctor until your treatment is complete. Once we have been able to finalise our verification process we will be in a position to arrange payment of your medical bills (less any applicable policy excess) and assist you as necessary under the terms of your policy.

3 Treating doctor and medical practitioner's details

Name of treating doctor **Behandelnder Arzt**

Address of treating doctor/hospital attended **Anschrift**

Postcode Country

Telephone Number

Email address

Name of Medical Practitioner (your usual doctor) **Hausarzt**

Address of treating doctor/hospital attended **Anschrift**

Postcode Country

Telephone Number

Email address

We will store your details, which may include sensitive data, on our database. This will be for the purpose of managing your claim and may be shared with ALC Health, the underwriters of your policy Catlin Insurance Company (UK) Ltd and any third party administrators.

4 Designated person details

Name of designated person

Relationship

Telephone Number

Email address

We are not able to disclose your medical information to your family members, or close friends, without your consent. If you would like us to keep anyone informed about your case then you should provide us with the details. We are unable to discuss your case with anyone other than yourself or your designated person. Your designated person should be prepared to answer some security questions when they call so that we can properly identify them.

5 Important information

Please read carefully and keep for your records

Access to Medical Reports Act 1988:

You need to understand these rights before you agree to us requesting a report from the medical practitioner treating you.

These rights do not relate to reports from practitioners who are not responsible for treating you. Also, when we ask for information from your medical records such as a copy of your medical notes, only the first point applies.

- You can withhold your consent, but if you do so, we might not be able to process your claim.
- If we need a report we will write to you to tell you the date it was requested.
- You can indicate in the box in section 2 Declaration and consent of this form if you would like to see any report from the medical practitioner before it is sent to us. You have 21 days from the date of our request to do this and it is up to you to contact the medical practitioner. If you change your mind before the report has been sent to us, you can contact your medical practitioner to see it. You have 21 days from the date of our request to do this.
- If you disagree with the information in the report, you can contact the medical practitioner to change it. If the medical practitioner does not agree with you, they will ask you to write a statement to be attached to the report that is sent to us.
- You can ask the medical practitioner to see the report at anytime within six months of the medical practitioner sending it to us.
- Your medical practitioner may charge you for a copy of the report. This charge is not covered by your scheme/policy.
- Your medical practitioner does not have to show you parts of the report if they think it could cause harm to your physical or mental health.
- If the report includes information about someone else, the medical practitioner will not show you that part of the report.
- If the medical practitioner does not want you to see part of their report, they will tell you in writing, but you can still view other parts of the report.

Data Protection Act 1998:

Information about health, medical history and any treatment that you have is sensitive personal information.

- We need your consent to process your sensitive personal information.
- You are entitled to receive information we hold about you. We may make a small charge for providing this..
- You can write to us to ask for a copy of any personal information contained in an independent report we have requested.
- If you would like a copy of a medical report that your medical practitioner has sent to us, you will need to contact them directly.
- Your claims may be processed in confidence on our behalf, outside the European Economic Area.
- We will send all claims correspondence to the policyholder unless you ask us not to.

Auditing and the prevention and detection of crime.

We may audit the records of medical practitioners and hospitals to:

- Ensure that we are being correctly billed for their services;
- Prevent and detect crime, particularly fraud; or
- Review the performance of specialists.

Audits may be part of a programme or in response to a specific circumstance and may involve reviewing customers' medical records held by the person or organisation being audited.

We may need to share information that we receive with third parties. This includes medical experts, other insurers, the NHS Counter Fraud Security Management Service and the General Medical Council. We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crimes.

This may involve adding non-medical information to a database that will be viewed by other insurers and law enforcement agencies. We are required to notify the General Medical Council or other relevant regulatory body about any issue where we have reason to believe a medical provider's fitness to practice may be impaired.

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Catlin Insurance Company (UK) Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA).

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Global Response Ltd is authorised and regulated by the Financial Conduct Authority (FCA).

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