

D. Claim Payment Details

Payments Direct to Treatment Provider

This method of payment is not recommended where an invoice is presented in a currency that differs from that used to assess the benefit entitlements on your plan. This is because currency conversion issues will reduce the amount of money the treatment provider receives. As members remain responsible for shortfalls arising from currency conversion, you acknowledge that if selecting this method of payment you take responsibility for settling any balance due to the treatment provider.

Having read the important note above, I wish any benefits to be paid direct to the treatment provider and take full responsibility for settling any balance due

Members in Portugal, Spain and France

The Society is a member of CareBridges International. If it is necessary for the patient named above to have a scan or be admitted to hospital, please contact Customer Support on +44 1392 35 35 00 so that we can arrange the treatment through our Spanish or Portuguese partners on the CareBridges network. In these circumstances we will settle your invoice direct to the supplier and advise you of any benefit shortfall.

Payment to a Bank Account

If neither of the above options are available, or if you have already paid the invoice, we will credit your bank account. Please note the following before completing the required details:

- We can only pay benefits to a bank account also held in the Policyholder's name.
- Where an invoice is in a different currency than your plan, any shortfalls arising because of currency conversion calculations and bank charges are your responsibility.
- Please always enclose original invoices as we cannot accept photocopies. Original invoices can only be returned for income tax purposes if requested by the policyholder at the time of submission.
- Please make sure any special instructions regarding payment for any invoices you submit are clearly stated.

| | | | |
|--------------|----------------------|---------------------|----------------------|
| Account Name | <input type="text"/> | Sort Code (UK Only) | <input type="text"/> |
| Account No | <input type="text"/> | | |
| Bank Name | <input type="text"/> | | |
| & Address | <input type="text"/> | | |

E. Policyholder's/Patient's Declaration

- I declare that the Primary Care Physician in parts F and G of this form has recommended specialist referral/treatment.
- To the best of my knowledge all of the information given on this form is accurate and complete and I agree to provide any further information that Exeter Friendly Society may require.
- I have read my rights under the Access to Medical Reports Act 1988 (detailed on back page) and, if required, I consent to the Society obtaining a medical report from my Specialist or Primary Care Physician and/or contacting any person or organisation involved, or proposing to be involved, in my treatment.
- I understand that by consenting, I am permitting Exeter Friendly Society to use the information in this form and any medical report requested, together with any extra information gathered during the claims process, for the purposes of processing the claim or for other purposes permitted by law.
- I understand that without this consent Exeter Friendly Society may not be able to process this claim.
- I agree that a copy of this consent shall have the validity of the original.

If requested, I do/do not* wish to see any medical report before it is sent to the Society. (*Delete as appropriate)

Patient's Signature ✕
(If aged 16 or over)

Date

Policyholder's Signature ✕

Date

Full and accurate completion of your claim form will help to prevent delays in handling your claim.

Please contact Customer Support on (+44) (0)1392 35 35 00 if you require any further help or advice.

Please send your fully completed claim form to: Exeter Friendly Society Ltd, Lakeside House, Emperor Way, Exeter. EX1 3FD.

Warning. To Make A False Claim Is A Criminal Offence.

You must ensure that parts F and G are fully completed by the doctor who recommended the treatment. Failure to do this will delay the settlement of your claim.

Your Rights Under the Access to Medical Reports Act 1988

It is a UK legal requirement to inform you about your rights under the Access to Medical Reports Act 1988, different rules may apply in other countries.

If we need to obtain a medical report from your doctor to help us assess your claim we need your written consent. Your rights as stated within the Access to Medical Reports Act 1988 are outlined below:

1. You have a right to see any medical report before it is sent to us. You have 21 days, from the time you inform us that you wish to see the report, to contact the doctor to arrange for this. After such period the doctor will send the report directly to us.
2. This right will continue for a period of 6 months from the day we receive the report.
3. The doctor is not obliged to let you see any parts of the report if he or she believes that this could cause you or others serious physical or mental harm.
4. Where you have been provided access to a report before we receive it, your doctor cannot release it to us without your further consent. You may in writing request to your doctor that he or she amends the report if you think it is incorrect or misleading. If your doctor declines to amend the report you may request that he or she attaches your comments to the report.
5. We cannot obtain a doctor's report without your consent.

This space may be used to provide further information about your claim if required:



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Exeter Friendly Society Limited, Lakeside House, Emperor Way, Exeter. EX1 3FD. United Kingdom.

Website: www.exeterfriendly.co.uk

Telephone calls may be recorded and monitored for quality assurance and training purposes.

Exeter Friendly Society Ltd is incorporated in England under the Friendly Societies Act 1992, registered number 91F, registered address as above.
Authorised and regulated by the UK Financial Services Authority, registered number 205309.