

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. Make sure the section that details whether your claim should be paid directly to you, the practitioner or the hospital has been completed.

You can submit claims by scanning your claim form with the supporting evidence and emailing them to claims@medexprotect.co.uk.

If you have any questions please call 0800 534 5224.

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.**

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 send you a claims statement explaining this and confirming the amount due.

The most common claims statements that medical insurers send out are: BUPA - Claims Advice; Aviva - Statement of Account; AXA PPP - Benefit Statement; or PruHealth - Detailed Claims Statement. We require all of the pages for these statements so please don't just send us the first page.

Paying your practitioner

If you have requested Medex Protect to settle your claim direct, please enclose details of who should be paid including who the cheque should be made payable to and a postal address. This could be the Specialist, hospital or another practitioner. Medex Protect will then settle this claim direct on your behalf.

Failure to provide us with the correct information could slow the settlement of your claim.

Medical Excess/Shortfall Claim Form



INSURED DETAILS

Title	First name	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Policy Number	Date of Birth		
<input type="text"/>	<input type="text"/>		
Employer Name	<input type="text"/>		
Who is the claim for	<input type="checkbox"/> You	<input type="checkbox"/> Your partner	<input type="checkbox"/> Your child
Preferred contact number	Email address		
<input type="text"/>	<input type="text"/>		
Excess Amount	£ <input type="text"/>	Shortfall Amount	£ <input type="text"/>

CLAIMANT

Title	First name	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	<input type="text"/>		
Address	<input type="text"/>		
	Postcode		
Preferred contact number	Email address		
<input type="text"/>	<input type="text"/>		
Have you made any other claims under this policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, date of Treatment(s)
<input type="text"/>			<input type="text"/>

CLAIM DETAILS

Brief description of your claim

<input type="text"/>
<input type="text"/>
<input type="text"/>

PAYMENTS

Please tick who we should pay any claim to

<input type="checkbox"/> Claimant	<input type="checkbox"/> Consultant	<input type="checkbox"/> Hospital
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If you have ticked Hospital or Consultant please provide Name and Address

<input type="text"/>
Postcode

CLAIM FORM DECLARATION

DATA PROTECTION ACT 1998 I hereby consent to any information you have about me being processed by you for the purposes of provided insurance and claims handling, which may necessitate your providing such information to third parties.

AND

I hereby declare that the statements in this form are true in every respect to the best of my knowledge and belief and that I have disclosed all information likely to influence the assessment of my claim. I consent to the seeking of information from my present employer and any doctor who has treated me or any person/organisation that is deemed necessary, to check the answers I have provided, and I authorise the giving of such information. A copy of this authorisation shall be considered as effective and valid as the original. I understand and agree that information regarding my claim may be shared with other insurers, loss adjustors and the Benefits Agency for fraud prevention purposes and that I consent to my claim being investigated as part of this process.

Signed	Date
<input type="text"/>	<input type="text"/>