

D | Hospital Claim

Was admitted as an Inpatient.

Day the patient was admitted

Day the patient was discharged

Was admitted as a Day Patient

Date

Please state medical procedure and include any supporting documents required to make this claim, e.g discharge papers/appointment letters

E | Declaration and Access to Medical Reports Act 1988

I declare that the above information is correct. I understand that fraudulent claims will result in legal action and cancellation of my membership.

I hereby authorise the relevant medical practitioner to divulge any information relating to the above claim.

Please tick Signature Date

- Checklist!** Have you ticked the declaration? Is this claim within 6 months of the date of treatment?
 Are appropriate receipts (plus debit/credit card receipts) attached?

RETURN TO: BDHSC, PO BOX BOLTON, PO BOX 335, S98 1BY

Queries completing this form? Please call us on **01204 522 775** or email info@ukhealthcare.org.uk