Claim Form for e-claiming

Claim Form for e-claiming

(Please use block letters)

Personal data

Full name of policy holder ________________ Date of birth (date/month/year) ________________ Policy number ________________

Payment method

The amount should be reimbursed to: ❍ Policyholder ❍ Other ____________________

The amount should be reimbursed in the following currency ________

❍ **PLEASE TRANSFER REIMBURSEMENT TO MY CREDIT CARD**

❍ VISA ❍ EUROCARD / MASTERCARD ❍ JCB

Card no. ____________________ Expiry date (month/year) ____________

❍ **PLEASE TRANSFER REIMBURSEMENT TO MY ACCOUNT**

Name of bank ____________________

Address ____________________

BIC / S.W.I.F.T. Code / ABA, if any ____________________

IBAN ____________________

Account no. ____________________

Account holder ____________________

Please register my credit card/bank account information for future reimbursement ❍ YES ❍ NO

❍ **PLEASE SEND ME A CHEQUE**

Payee ____________________ Currency ______

If no choice of reimbursement method has been made, ihi Bupa will send a cheque.
Your choice of reimbursement method cannot be changed after the claim has been processed.

Details of the service provided (please complete if the information is not provided on the invoices)

Date of service	Diagnosis	Full name of insured	Description of procedures, medical services and supplies furnihed	Currency	Charges
			Total charges		
			Amount paid by the insured		
			Balance due to hospital/clinic/doctors, etc.		

Submit by e-mail

Please submit this claim form along with your bills to: eclaim@ihi.com

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