



HEALTH INSURANCE CLAIM FORM

FORMOLA TA' KLEJM TA' L-ASSIGURAZZJONI TAS-SAHHA

<p>Important Notes</p> <ul style="list-style-type: none"> Please ensure that all sections of the claim form are fully completed. Failure to do so may result in claims payment being delayed Claims for specialist consultation and any diagnostic procedures must be on the initial recommendation of your General Practitioner, except for consultations/treatment given by gynaecologists, paediatricians or ophthalmologists You must always contact Middlesea Insurance p.l.c. before receiving any in-patient treatment, C.T./M.R.I. scan, to enable us to confirm eligibility and extent of cover In an emergency situation you may contact us on 8007 2278 Always enclose the ORIGINAL receipts – photocopies and credit card vouchers/statements are not acceptable Claims to be submitted within 3 months of initial date of treatment
<p>Noti Importanti</p> <ul style="list-style-type: none"> Kun cert li mlejti it-taqsimiet kollha tal-formola tal-klejm. Nuqqas ta' dan jista' jirrizulta f'dewmien fil-blas Qabel tikkonsulta speċjalista jew taghmel proċedura dijanjostika dejjem trid tkun riferut minn tabib, minbarra meta tikkonsulta/tiebu kura minn ġinekologu, pedjatriku jew oftalmologu Dejjem ghandek tikkuntattja lill-Middlesea Insurance p.l.c. qabel ma tiebu kura bbala pazjent fi sptar, taghmel C.T. jew M.R.I. scan, sabiex inkunu nistghu nikkonfermaw l-eligibilita' u kemm ghandek kopertura F'kaz ta' emerġenza tista' tikkuntattjana fuq 8007 2278 Dejjem ghandek tibghat ricevuti ORIGINALI – fotokopji u vawċers/kontijiet tal-kards ta' kreditu m'bumiex accettabbli Klejms ghandbom jaslu ghandna sa mbux aktar tard minn 3 xhur minn meta tkun bdejt il-kura medika

1. Insured / Patient's details / Dettalji ta' l-Assigurat / Pazjent

Name of policyholder <i>Isem l-assigurat</i>	I.D. Card No. <i>Numru tal-Karta ta' Identita'</i>
Name of patient <i>Isem il-pazjent</i>	I.D. Card No. <i>Numru tal-Karta ta' Identita'</i>
Date of birth of policyholder <i>Data tat-twelid ta' l-assigurat</i>	Date of birth of patient <i>Data tat-twelid tal-pazjent</i>
Address <i>Indirizz</i>	
Tel/Mobile No. <i>Numru tat-Telefon/Mobile</i>	E-mail Address <i>Indirizz elettroniku</i>
Policy No. <i>Numru tal-Polza</i>	Group/Company Name (if applicable) <i>Isem tal-Grupp/Kumpanija (skond il-kaz)</i>

2. Medical details / Informazzjoni medika

All sections must be completed by the doctor in overall charge of the patient's treatment
It-taqsimiet kollha jridu jmtlew mit-tabib kuranti

Medical practitioner's details / *Dettalji tat-tabib kuranti*

Name / <i>Isem</i>	Date / <i>Data</i>
Treatment given and why the patient had to be referred to a specialist / <i>Kura moghtija u raguni għala l-pazjent kien riferut lil speċjalista</i>	
General Practitioner's signature / <i>Firma tat-tabib</i>	

Specialist / Therapist's details (applicable when the patient has been referred by the above GP)

Dettalji ta' l-Ispeċjalista / tat-Terapista (tghodd meta l-pazjent kien riferut mit-tabib kuranti li l-firma tiegħu tidher hawn fuq)

Name / <i>Isem</i>	Date / <i>Data</i>
Diagnosis and condition / <i>Dijanjosi tal-kondizzjoni medika</i>	
Specialist's/Therapist's signature / <i>Firma ta' l-Ispeċjalista/tat-Terapista</i>	
Date symptoms first noticed by patient <i>Data meta l-pazjent induna bis-sintomi</i>	Has the patient been treated for this condition before? <i>Il-pazjent qatt inghata kura għal din il-kondizzjoni qabel?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Iva Le</i>
Details of treatment and/or prescribed drugs <i>Dettalji tal-kura medika u/jew x'pilloli ngħataw</i>	

3. Hospitalisation details / Dettalji tal-kura fl-isptar

Attach Original Case Summary if claiming Cash Benefit / Ebmez il-Case Summary Originali jekk qed tikklejma l-Cash Benefit

Hospital admission date <i>Data ta' dbul fl-isptar</i>	Discharge date <i>Data ta' brug mill-isptar</i>	Procedure code OPCS <i>Kodiċi ta' proċedura OPCS</i>
Is the claim as a result of an accident? <i>Din il-klejma bi riżultat ta' xi incident?</i>	<input type="checkbox"/> Yes <i>Iva</i> <input type="checkbox"/> No <i>Le</i>	Are some of the costs recoverable from someone else? <i>L-ispejjeż involuti jistgħu jkunu rkuprati minn xi baddiebor?</i>
	<input type="checkbox"/> Yes <i>Iva</i> <input type="checkbox"/> No <i>Le</i>	

4. Payment details / Dettalji tal-pagament

Payment will be made in the name of the policyholder. We reserve the right to send any payment to an appropriate person for example, the executors of the will of someone who has died or the dependant on your policy who has paid the bill.
Il-blas isir f'isem min tghajjat il-polza. Abna nżommu d-dritt li nħallsu lil persuna speċifika, per eżempju, lill-eżekutori testamentari ta' persuna li tkun mietet jew lid-dipendenti li jidbrū fil-polza tiegħek jekk dawn ikunu ħallsu l-ispejjeż huma.

Payment may be made by electronic transfer when bank account details are provided. This payment method and banking of cheques may result in charges by your bank, which are your responsibility. Should you wish payment to be made by direct credit please provide us with your complete bank details below:
Hlas jista' jsir bi trasferiment elettroniku meta jingħataw id-dettalji tal-kont bankarju. Dan il-metodu ta' blas u t-tisrif ta' ċekkijiet, jista' jimplika ċarġis mill-bank tiegħek, dawn huma responsabbiltà tiegħek. Jekk tixtieq li l-blas isir bi kreditu dirett, jekk jogħġbok agħtina d-dettalji kollha tal-bank hawn taħt:

Payee <i>Min qed iħallas</i>	Name <i>Isem</i>	
Bank Details <i>Dettalji tal-Bank</i>	Name <i>Isem</i>	
Bank Address <i>Inderizz tal-Bank</i>		
Account Number <i>Numru tal-Kont</i>		Sort Code <i>Kodiċi ta' l-issortjar</i>

5. Declaration / Dikjarazzjoni

I authorise Middlesea Insurance p.l.c. to share information with others (including insurers and Insurance Associations) in order to prevent fraudulent claims. I declare that all the answers given and the statements made, are true and correct. Furthermore I declare that I have not withheld any information relevant to the claim. I give explicit and unqualified consent to Middlesea Insurance p.l.c. to seek any information from any doctor, surgeon, hospital, clinic, laboratory or persons that have records or knowledge of my health in order for the validity of the claims to be established.
I hereby authorise any doctor, surgeon, hospital, clinic, laboratory or persons that have records to provide full medical information concerning myself and my dependants. I give consent to Middlesea Insurance p.l.c. to process my personal data supplied by myself or any person, body or entity in order to process, handle and settle the claim.

Jien nawtorizza lill-Middlesea Insurance p.l.c. biex tghaddi informazzjoni lil obrajn (inklużi Assiguraturi u Assoċjazzjonijiet ta' Assiguraturi) biex tipprevjoni klejms fraudolenti. Jien niddikjara li t-twegibiet kollha mogħtija u d-dikjarazzjonijiet kollha li għamilt huma veri u korretti. Barra minn bekk, niddikjara li ma hbejt ebda informazzjoni rilevanti għall-klejma.
Jien nagħti kunsens esplicitu u mbux kwalifikat lill-Middlesea Insurance p.l.c. biex tfittex kull informazzjoni mingħand kwalunkwe tabib, kirurgu, sptar, klinika, laboratorju jew persuni li għandhom dokumenti jew jafu xi baġa fuq is-sabha tiegħi biex tkun stabbilita l-validità tal-klejms.
Jien b'dan nawtorizza kwalunkwe tabib, kirurgu, sptar, klinika, laboratorju jew persuni li għandhom dokumenti biex jagħtu informazzjoni medika sbiha fuqi u fuq id-dipendenti tiegħi.
Jien nagħti l-kunsens tiegħi lill-Middlesea Insurance p.l.c. biex tuża d-data personali tiegħi mogħtija minni stess jew minn xi persuna, korp jew entità biex tipproċessa, tittratta u tħallas il-klejma.

Patient's signature (If the patient is under 18 years of age, then the legal guardian must sign) <i>Firma tal-pazjent</i> (Jekk il-pazjent hu taħt it-18-il sena, irid jiffirma kustodju legali)	Date <i>Data</i>
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6. Data Protection / Protezzjoni tad-Data

Middlesea Insurance p.l.c. is legally bound to follow the provisions of the Data Protection Act, 2001. Middlesea Insurance p.l.c. is registered with the Office of the Commissioner for Data Protection to process data in accordance with this Act. The Data Protection Policy of Middlesea Insurance p.l.c. is compliant with this Act a copy of which is available on request.

Il-Middlesea Insurance p.l.c. hija marbuta bil-liġi li ssegwi d-dispożizzjonijiet ta' l-Att ta' l-2001 dwar il-Protezzjoni u l-Privatezza tad-Data. Il-Middlesea Insurance p.l.c. hija registrata ma' l-Uffiċċju tal-Kummissarju għall-Protezzjoni tad-Data biex tipproċessa data skond dan l-Att. Il-Politika ta' Protezzjoni tad-Data tal-Middlesea Insurance p.l.c. hija konformi ma' dan l-Att li kopja tiegħu tingħata meta tintalab.

Middlesea Insurance p.l.c. is authorised by the Malta Financial Services Authority to carry on both Long Term and General Business under the Insurance Business Act, 1998.

Il-Middlesea Insurance p.l.c. hija kumpanija awtorizzata mill-Autorità ta' Malta għal Servizzi Finanzjarji biex tmexxi Negozju kemm għat-Tul u kemm Ġenerali taħt l-Att ta' l-1998 dwar Negozju ta' Assigurazzjoni.