

Emergency Overseas Claim Form

In-patient/out-patient expenses

Using this claim form

This claim form has been designed to help you make a claim for treatment received in the case of an accident, injury or emergency while travelling abroad (or while overseas or for overseas medical expenses).

Before submitting your claim

- Check the member's section is fully completed.
- Check the medical section is fully completed.
- Check all relevant sections have been signed - both by the laya healthcare member and the patient's Consultant.

- Check that the original accounts are attached.
- If you require copies of accounts please let us know when you submit your claim.

Important

Please note that out-patient receipts will not be returned following assessment of your claim. Please retain copies of your receipts prior to submission, if you require these.

The Revenue Commissioners will now accept your statement of claim (which we will send to you) as evidence of medical expenses incurred, therefore you do not need your medical receipts returned.

In order to make a claim

Please answer all the questions below, complete the relevant sections, read and sign the declaration and consent section. You should send your claims to us as soon as possible. We will only review this claim if received within 6 months of the emergency overseas illness/injury treatment date.

Further information

For benefits and claim queries, please contact us on **021 202 2000** or visit www.layahealthcare.ie

Claims should be sent to: laya healthcare, PO Box 12679, Dublin 15.

1 Member's details	
Membership no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Title: <input type="text"/>	Surname: <input type="text"/> Forenames: <input type="text"/>
Date of birth: Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Telephone: <input type="text"/>
Correspondence address: <input type="text"/>	
Email: <input type="text"/>	
Laya healthcare scheme (please insert your scheme name here): <input type="text"/>	
2 Address of person to whom correspondence should be sent:	
Address: <input type="text"/>	
Email: <input type="text"/>	
Name of person to whom claim payments should be paid: <input type="text"/>	
3 Trip details	
Departure date: <input type="text"/>	Country visited: <input type="text"/>
Return date: <input type="text"/>	Travel agent name: <input type="text"/>
Total number of days: <input type="text"/>	Travel agent telephone number: <input type="text"/>
4 Previous claims	
Has the claimant(s) previously made a claim under any travel insurance policy or previously claimed from their private health insurance for overseas emergency treatment? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please give details below:	
Insurance Company: <input type="text"/>	Date of claim: <input type="text"/>
Amount of claim: <input type="text"/>	Type of claim: <input type="text"/>
5 Declaration	
<p>The information I/We have given is true. If any of the information I/We have given or any of the information given on my/our behalf is incorrect, I/We understand that you will be able to take away my/our rights under this policy. I/We understand that the information I/We provide, including any sensitive information such as my/our health records will be passed to or used by laya healthcare/your insurers for my/our insurance. I/We understand that laya healthcare will retain a computerised record of this claim and that they may release certain information pertaining to this claim to other insurers or other interested parties involved with this claim. Laya healthcare maintains all data in accordance with the data protection law. I/We declare that laya healthcare may contact my travel insurance company in order to ensure that any monies recoverable through dual insurance as a result of emergency overseas treatment are repayable to laya healthcare. I direct and authorise that all medical expenses (paid out by laya healthcare) recovered from the third party responsible for my/the patient's injuries shall be refunded by my solicitor directly to laya healthcare. I further direct my solicitor to deduct these amounts from my settlement cheque and reimburse laya healthcare directly. In the event that medical expenses recovered from the third party are refunded directly to me, the member, I agree to refund these monies directly to laya healthcare.</p>	<p>Data Protection Statement</p> <p>"Personal Information" identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) to share their Personal Information with us. Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, sensitive information about health or medical conditions (collected with your consent where required by applicable law) or (where we require it and are legally permitted to collect it). Personal Information may be used for the following purposes:</p> <ul style="list-style-type: none"> • Insurance administration, e.g. communications, claims processing and payment • Assessments and decisions about the provision and terms of insurance and the settlement of claims including but not limited to: a) analyse, examine or clinically audit the care, claims processes and treatment/ overnight-stay/ convalescence /care pathway options applied/utilised by medical service providers; b) to undertake investigations into, and to adjudicate on, patient's claim (including investigations into the length of the patient's hospital stay and the treatment received whilst in hospital) • Assistance and advice on medical and travel matters • Management of our business operations and IT infrastructure • Prevention, detection and investigation of crime, e.g. fraud and money laundering • Establishment and defence of legal rights • Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence) • Monitoring and recording of telephone calls for quality, training and security purposes <p>• Audit of medical service providers and the handling of claims by a medical services provider</p> <p>• Marketing, market research and analysis</p> <p>For the above purposes, Personal Information may be shared with our group companies and third parties (such as insurance distribution parties, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Appropriate technical and physical security measures are used to keep your Personal Information safe and secure.</p> <p>When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures. You have a number of rights under data protection law in connection with our use of your Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to request that we correct inaccurate data, erase data, or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator in your country. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below). More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy which is available at https://www.layahealthcare.ie/privacypolicy or upon request by writing to Privacy Lead, LayaHealthcare, Eastgate Road, Eastgate Business Park, Little Island, Co Cork, T45 or by emailing info@layahealthcare.ie</p>
<p>Policyholder's signature (a parent or guardian if patient is under 16)</p>	<p>Date</p>
<p>Note: Payment and Explanation of Benefits will be issued to the policyholder.</p>	

6 Name of the person who suffered from the illness/injury

7 Third party section

Is the treatment required following an accident/injury? Yes No If "Yes" please give details:

Are you taking a legal case against anyone in relation to this claim? Yes No If "Yes" please provide solicitors details:

8 Date of the onset of illness/Injury

Day: Month Year

9 Was the person suffering from the illness/injury aware of this condition prior to travelling overseas

Yes No

If "Yes" please give details:

10 Brief description of the emergency illness/injury

Please give details:

11 Details of the hospitalisation or in-patient treatment.

Were you hospitalised or kept in as an in-patient? Yes No

Did you contact the **Laya healthcare** emergency overseas assistance company? Yes No

If "Yes" what was the date of the first call to the 24 hour medical emergency service:

If "Yes" quote reference number received from the 24 hour medical emergency service:

Date and time admitted to hospital Date: Time:

Date and time discharged from hospital Date: Time:

Total number of days as an in-patient in hospital:

12 Travel insurance details

Did you take out alternative travel insurance for your trip? Yes No

If "Yes", please advise

Insurers name: Schedule number:

Address:

Policy type: Annual Shortstay

Issue date of policy: Excess waiver: Yes No

13 Documents you need to send to **Laya Healthcare** (send original documents)

- Original booking invoice/travel tickets
- Confirmation from the treating doctor of hospitalisation and/or treatment (if applicable)
- Original receipts/invoices for medical expenses incurred. (Please keep a copy of all receipts)
- For trips to Europe, E111 card number, for trips to Australia, copy of Medicare form.

14 In the table below please detail all medical expenses which you incurred and for which you are claiming:

Date expense incurred:

Description of expense:

Name of provider: (i.e. Hospital/Clinic/Treating Doctor)

Non euro currency amount:

Euro currency amount:

Have you paid for the expense: Yes No

Total amount claimed in euros:

Exchange rate used to convert non-euro currency to euros: