EWP Claim Form

HSF Health Plan®

Instruction

1. Please ensure all sections of the claim form are completed in BLOCK CAPITALS and that you sign and date the form.
2. Claim forms must be submitted together with receipt or any other supporting document as applicable within 6 months.
3. Receipts must be dated, itemised and include the name and surname of the client/patient and are to be signed and stamped by the practitioner. For claims made towards the purchase of prescribed glasses or lenses, a copy of the prescription is required.
4. Please return the completed claim form with all relevant documentation to us via email to: enquiries@hsfhealthplan.com.mt or by post at: HSF Health Plan (Malta), Avenue 77 Business Centre, Level 2. Office 237, Triq in-Negozju, Zone 3, Central Business District, Birkirkara, CBD 3010, Malta.
5. If you have any queries please call HSF Health Plan (Malta) Limited on +356 2778 0685 or via email on enquiries@hsfhealthplan.com.mt.

A Policyholder's Details

Title	
Name and Surname	
Company name	
Policy number	
ID Card No.	
Date of Birth	
Address	
Telephone Number	
Email Address	

B Claim Details

Please tick the appropriate box to indicate the nature of the claim(s).

Dental		Acupuncture		Birth/Adoption	
Optical		Homeopathy		Day Case Surgery/Treatment	
General Practitioner		Chiropody		Recuperation	
Physiotherapy		Podiatry		Hospital	
Osteopathy		Consultations		Receipt Date	
Chiropractic		Medical Tests		Amount Paid €	

Please answer the following questions in full:

1. What diagnosis has been given as the reason for the admission to hospital or for the consultation or for treatment etc.? If no diagnosis has been made, please describe your symptoms.

2. When did symptoms of this condition/problem first begin?

3. When did you first consult any doctor regarding your symptoms?

This section must be completed in full for all claims (except for dental / optical / GP / A&E / prescription / chiropody and birth grant) and is also required for every continuing claim. Missing information may delay claim settlement.

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C Maternity or Adoption

Please submit a copy of the birth/adoption certificate in support of your claim.

Name and Surname of Child	
Date of Birth	

D Hospital admission

Please submit a copy of your discharge letter in support of your claim.

Hospital name	
Admitted on	
Discharged on	

E Bank Account Details

Kindly note that claims can be settled via bank transfers only, therefore please provide us your bank account details below.

Name and Surname	
Passport/ID No.	
IBAN No.	
Name of Bank	
Country	
BIC/SWIFT (foreign bank accounts only):	

Date

Signature of Account holder

Tick this box to confirm all your details above are correct.

We recommend you read the Terms and Conditions and Privacy Notice outlined in the Policy document which was provided to you as part of your Welcome Pack. Both the Terms and Conditions and the Privacy Notice are also available on our website: www.hsfhealthplan.com.mt

In completing all the forms related to your policy or claims, you are confirming your understanding and acceptance of all the terms set out in our Policy document including our Privacy Policy.

Should it be necessary for my claim to be verified, I authorise HSF Health Plan (Malta) Limited to approach the relevant clinical practitioner and authorise that practitioner to supply information to enable my claim to be processed.

I hereby declare that to the best of my knowledge all the information I have provided on HSF Health Plan (Malta) is true and correct.

Name

Date

Signature

Tick this box to confirm all your details above are correct.

HSF Health Plan (Malta) Ltd, with company registration number C 93406 and registered office address at No. 4, Triq Sant' Andrija, Valletta VLT 1341, Malta, is the trading company of The Hospital Saturday Fund, a Registered Charity in the UK No 1123381 and in Ireland Registered Charity No 20104528. HSF Health Plan (Malta) Limited is authorised under the Insurance Business Act (Chapter 403 of the Laws of Malta) and regulated by the Malta Financial Services Authority to carry on business of insurance in Malta.

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