Health Plan®

APS Claim Form

Claim Submission Instructions

Complete All Sections:
Fill out the claim form in BLOCK CAPITALS.
Sign and date the back

Submit Within 6 Months:
Include receipts or supporting documents.

Receipt Requirements:
- Dated, itemised and type of service
- Name, surname of the client/patient
- Signed and stamped by the practitioner

For Glasses or Lenses:
Attach a copy of the prescription

Reimbursement:
Fees reimbursed per policy limits

Submit To:
- **Email:**
  enquiries@hsfhealthplan.com.mt
- **Postal Address:**
  HSF Health Plan (Malta), No.4 Triq Saint' Andrija, Valletta VLT 1341, Malta
- **Queries:**
  Call +356 2778 0685 or
  email enquiries@hsfhealthplan.com.mt

1 Personal Details of the Insured

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

2 Claim Details

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

Dental		Receipt Date	
Optical		Amount Paid €	

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3 Bank Account Details

Please note: Claims will be settled exclusively via bank transfers. Please provide your bank account details below.

Name and Surname	
ID Card 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. ☐

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

4 Signature

If verification of my claim is required, I authorise HSF Health Plan (Malta) Limited to contact the relevant clinical practitioner and authorise them to provide necessary information for processing my claim. I declare that all information provided to HSF Health Plan (Malta) is true and correct to the best of my knowledge.

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.

MM011 September 2024