



CLAIM FORM - MEDICAL ACCOUNT

Please see guidance notes overleaf for completion of this claim form

Name			Member No.	
Address				
		Postcode		
Date of Birth				
E-Mail Address			Telephone number	
No. of Receipts enclosed		Total Cost of Treatment		
Nature of Claim				

We will pay up to 100% of the claim amount, if there are enough available funds in your Medical Account provided a minimum balance of £10 remains. If there is not enough credit, but you have funds in your Interest Account then we can pay the balance of the claim from your Interest Account. Please indicate below how you wish to claim:

- 100% of Claim (using Interest Account funds if necessary)
- Up to 100% of claim (from Medical Account only)
- A specific amount (up to 100% of claim)

£						:		
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BANK DETAILS FOR PAYMENT

Sort Code			-			-		
Account Number								
Account Name(s)								

Signature		Date	
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FOR OFFICE USE ONLY					
Med Claim HO Acc 7188		Int W'dwl HO Acc 7189		Initial & Date	

Guidance Notes:

You can claim from your Medical Account for the following treatments/expenses:

- Dental treatment
- Medical treatment/consultations
- Optical and ophthalmic treatment
- Chiropody treatment
- Payment towards the cost of convalescent home treatment (subject to approval)

We will pay up to 100% of the value of the claim, providing you have enough credit in your medical account.

Where there is not enough credit in your medical account but you have enough credit in your interest account to pay for the remainder or part-of, you can claim from your interest account to cover the remainder or part-of.

You must provide us with a receipt which shows your name, address practitioner details, payment amount and date of treatment.

We advise that the claim be submitted within 6 months of the date of the receipt. Any receipts older than this may be harder to validate with practitioners and could result in the receipt being rejected. We will consider all claims up to 12 months old

If you wish to make a claim from your Medical Account to cover treatment for which you have not yet paid for it may be possible for us, in certain circumstances, to pay directly to the treatment provider. You will need to contact us first for your claim to be considered.

When you have completed your claim form please send it along with any receipt to our freepost address:

Freepost RSJC-BBGE-KSAX
Kingston Unity Friendly Society
9 Navigation Court
Calder Park
Wakefield
WF2 7BJ

If you have any questions please contact a member of our team on
01924 240 164.

You can also email your completed claim form and receipts to claims@kingstonunity.co.uk