



Primary Healthcare Plans General Practitioner Claim Form

Aetna Global Benefits®

EXPLANATORY NOTES: Please use BLOCK CAPITALS or check boxes as appropriate.

Please return this form within six months of **Treatment** commencing.

Do not use this Claim Form in connection with any other claim.

Please attach relevant accounts to this Claim Form.

It is particularly important that, if **Your** membership carries an **Excess** that all relevant accounts in **Your** possession are submitted to Aetna Global Benefits.

Any claim for **Out-Patient** prescriptions must be accompanied by the original receipted pharmacists account.

Aetna Global Benefits reserves the right to seek proof of prescription in each case and, if applicable, exclude from **Benefit** items which are freely available without prescription.

Please return this completed form to **Us** or **Your** agent.

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Section 1 — Patient's Information

Patient's Name	
Policyholder's Name	Claim Number (To be issued by Aetna Global Benefits)
Address	Policy Number
	Zip/Postal Code
Daytime Telephone	Evening Telephone

Section 2 — Patient's Declaration (To be completed by the patient, or parent if the child is under 18 years.)

General Practitioner's Name	
Address	Zip/Postal Code
	Daytime Telephone
Condition Requiring Treatment	
Date Patient First Became Aware of Systems (Day/Month/Year)	Are You eligible for Benefit under any other private medical expenses plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 — Condition Requiring Treatment

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Section 4 — Data Protection Act

I confirm and agree that the personal information collected or held by Aetna Global Benefits, whether contained in this application form or otherwise obtained may be used by Aetna Global Benefits, or disclosed to or transferred to any organisation within the Aetna Group (of Companies), their suppliers and partners, worldwide for the purpose of 1) assessing this application and providing on-going insurance and customer service, 2) processing and giving effect to credit card payment, 3) providing marketing material in respect of insurance-related services of Aetna Global Benefits or it's associated companies and 4) processing claims or analysing the insurance.	
Policyholder's Signature	Date (Day/Month/Year)

Please Retain a Copy for Your Records

Policies are issued and underwritten or reinsured in Europe by Aetna Health Insurance Company of Europe, Limited, Aetna Life & Casualty (Bermuda) Ltd. and issued and administered by Aetna Global Benefits (Europe) Limited, an Aetna Company and regulated by the Financial Services Authority. Registered address: 76 Shoe Lane, London EC4A 3JB. Registered in England & Wales. Registered No. 04548434. Aetna Health Insurance Company of Europe Limited, Alexandra House, The Sweepstakes, Ballsbridge, Dublin 4 and Regulated by the Irish Financial Services Authority.