

## **CLAIM FORM – MEDICAL ACCOUNT**

Please see guidance notes overleaf for completion of this claim form

Member ID			
Name			
Address			
		Postcode	
Date of Birth			
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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**Payment Method (please select):**

☐ Cheque by post

☐ Direct to Bank (please complete details below)

Signature			Sort Code			-			-		
			Account Number								
Date			Account Name(s)								

## **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.**