



0345 602 3437

Lines open: 8am to 7pm Mon to Fri, 9am to 1pm Sat
VitalityHealth, Sheffield, S95 1DB
info@vitality.co.uk

Vitality
HEALTH INSURANCE

Mr S Papaioannou
Flat 6
231 North End Road
London
W14 9UA

PATIENT: Spyridon Papaioannou
PLAN NUMBER: 52254808
CLAIM NUMBER: 9679486

Date: 09 October 2019

Dear Mr Papaioannou

REQUEST FOR MORE INFORMATION

Claim for: Rectal bleeding

Thank you for contacting us about your claim. Before we can fully assess the claim, we will need both you and your GP to provide us with some more information.

WHAT YOU NEED TO DO NEXT

- Read the 'Access to medical information' and sign the section that is entitled 'Your consent and signature'.
- Complete the 'About your condition' claim form in as much detail as possible and sign the declaration.
- Pass the 'GP's statement' and signed 'Access to medical information' form to your GP* for them to complete. You may have to pay a fee for this which is not covered by your plan.
- When the above three sections are fully completed and signed, email them to info@vitality.co.uk or post them to VitalityHealth, Sheffield, S95 1DB. If you choose to send this information to us by email, there are some security measures that you should consider. To find out more about these measures, please visit vitality.co.uk/data-protection. If you're unsure if you can securely send us an email, it is always safer to send the documents to us by post.

Please ensure that you return all sections of the claim form together.

- * The attached claim form must be completed by the GP who holds your full NHS medical records. If your current GP does not hold your full NHS medical records, we may have to request further information which could delay the assessment of your claim.

Once we've received all completed sections of your claim form, we'll process it as quickly as possible and let you know our decision.

IMPORTANT TO REMEMBER

Please make sure the form has as much information as possible to help us assess the claim. Any missing information will mean we'll have to contact you again which will delay the assessment of the claim.

At this stage we have not confirmed any cover for this condition. If any treatment takes place and we later decline the claim, you will be liable for any costs.

B_CL_M

 **Discovery**
Part of the Discovery Group



V16737807_000000110

As a VitalityHealth member you have access to our consultant panel, Alliance Health Group, the largest national group of consultants in private practice in the UK. The panel can assess your symptoms and use their expertise to recommend the right consultant based on your needs and medical history.

Whilst under their care, Alliance Health Group will liaise directly with us on your behalf and manage your claim. There is no need to contact us for authorisation if your consultant says you need further treatment. We also pay the consultants directly.

If you are not covered on one of our Consultant Select plans, you can choose not to use Alliance Health Group but you must ensure that your GP refers you to a consultant who is recognised by us and that they work at a hospital that is eligible under your plan.

Please refer to your plan terms and conditions or log onto the Member Zone at vitality.co.uk/member to find out which hospitals are eligible under your plan.

PRIVATE HEALTHCARE INFORMATION NETWORK

You can find independent information about the quality and cost of private treatment available from doctors and hospitals from the Private Healthcare Information Network: www.phin.org.uk

BENEFITS, TERMS AND CONDITIONS

Any decisions made about a claim are based on your plan terms and conditions. You can find these by logging in to the Member Zone at vitality.co.uk/member.

Your cover will only be maintained if premiums are kept up to date. If premiums aren't kept up to date, we can't pay for any treatment after the period covered by your last premium.

WE'RE HERE TO HELP

If you have any questions or require further information, please call us on the number at the top of this letter. Alternatively, log in to the Member Zone and send us a secure message using the 'Email us' link at the bottom of the page.

Yours sincerely



Matthew Dijkstra
Service Director
VitalityHealth



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09/10/2019

Mr Spyridon Papaioannou

PLAN NUMBER: 52254808

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ACCESS TO MEDICAL INFORMATION

CLAIM FOR RECTAL BLEEDING

Before we can assess your claim, your GP/medical practitioner must complete the 'GP's section' of the claim form. Your GP/medical practitioner will only complete the form if you provide them with a signed Access to medical information form. Under the Access to Medical Reports Act 1988 we must get your agreement to apply for a medical report. You can refuse, but if you do, we will not be able to assess the claim or provide you with any benefit.

Your GP/medical practitioner may prefer to send the completed section of the claim form directly to us if there is any information included which:

- the GP or medical practitioner believes could seriously harm your physical or mental health, or that of others;
- indicates the GP's or medical practitioner's intentions in respect of you;
- reveals information about another person, or the identity of someone who has given information about you (unless that person consents or is a health professional involved in caring for you).

YOUR CONSENT AND SIGNATURE

IF THE PATIENT IS UNDER 16 YEARS OLD, THEIR LEGAL GUARDIAN SHOULD SIGN ON THEIR BEHALF.

- I have read the above information in relation to the Access to Medical Reports Act 1988. In connection with this claim, I give consent to VitalityHealth to be provided with medical information by any GP or medical practitioner who has treated me or any other relevant person.
- I agree that a copy of this consent is as valid as the original.

Patient's signature

Date



10/10/2019

Spyridon Papaioannou

GP/MEDICAL PRACTITIONER'S DETAILS

Full name

Telephone number

Address

Fax number

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VHL0029_1217





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Mr Spyridon Papaioannou

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ABOUT YOUR CONDITION

Important - Please use black ink when filling in this form.

CLAIM FOR RECTAL BLEEDING

IF THE CONDITION BEING CLAIMED FOR HAS BEEN DIAGNOSED, PLEASE STATE THE CONDITION. IF NOT, PLEASE DESCRIBE THE SYMPTOMS.

Please give us details of the condition that is being claimed for, including any symptoms:

The symptoms are just rectal bleeding which appear for a while and then for 1-2 weeks it stops. Then it comes back again, but I don't understand what triggers it as it doesn't seem related to exercising or nutrition. No pain or weight loss since the symptoms.

PLEASE BE AS PRECISE AS POSSIBLE WHEN STATING DATES.

When were the symptoms first noticed?

Date

When was a doctor first consulted about this condition?

Date

Have you ever suffered from episodes of this condition before, even if medical advice wasn't sought at the time?

Yes ☐ No ☒

If 'yes', please provide full details:

What medication has been taken for this condition, whether prescribed by a GP, or 'over the counter'?



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Do you have another private medical expenses plan or can a claim be made on another insurance plan?

Yes ☐ No ☒

If yes, please give us the name and address of the insurer and the plan number:

Information about our Privacy Policy can be found on our website. Please visit vitality.co.uk/privacy for full details. If you have any questions about this notice, please write to:


Data Protection Officer
VitalityHealth
4th Floor
70 Gracechurch Street
London
EC3V 9DH

PATIENT'S DECLARATION AND SIGNATURE

IF THE PATIENT IS UNDER 16 YEARS OLD, THEIR LEGAL GUARDIAN SHOULD SIGN ON THEIR BEHALF.

- I declare that, to the best of my knowledge and belief, the information provided in this form is true and complete.
- I understand that VitalityHealth may use the information supplied for the purposes shown within the Privacy Policy.
- I accept that if any information is received which would have changed VitalityHealth's original decision to pay benefit; VitalityHealth will be reimbursed with any monies owed immediately.

Patient's signature



Spyridon Papaioannou

Date

10/10/2019

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VHL0029_0419



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GP'S STATEMENT

09/10/2019

Important - Please complete all of the boxes in black ink. We won't be able to assess your patient's claim if any of the following questions are left unanswered. Please provide a reason if you can't answer a question, for example, information not contained in records.

NAME: Mr Spyridon Papaioannou

DATE OF BIRTH: 20/08/1988

CLAIM NUMBER: 9679486

PLAN NUMBER: 52254808

CLAIM FOR RECTAL BLEEDING

IF YOU DON'T KNOW WHAT THE CONDITION IS PLEASE DESCRIBE THE SYMPTOMS.

What is your patient's condition, what are the symptoms and what is your suspected diagnosis?

PLEASE BE AS PRECISE AS POSSIBLE WHEN STATING DATES.

When were the very first signs and symptoms of this condition? (not just this episode)

Date

When did your patient first consult you or any other doctor about this condition?

Date

How long has the patient been registered at this practice?



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09/10/2019

Mr Spyridon Papaioannou

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If there has been a related condition, please give dates of all treatment, medication and advice (including in the NHS) between 17/01/2019 and now:

What treatment and/or investigations do you propose?

Please provide details of where the treatment will take place:

Is your referral:

Verbal ☐ Written ☐

Please provide the consultant's name and specialism:

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YOUR DECLARATION AND SIGNATURE

- I confirm that I am the patient's GP and that the statements made on this form are true and complete.
- I consent to a copy of this medical statement being given to the patient. Yes ☐ No ☐
- I have referred this patient to the consultant named for treatment of this condition.

PLEASE PRINT YOUR NAME IN BLOCK CAPITALS.

Signature

Name

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Practice stamp or address in block capitals

CHECKLIST

1. Have you completed all boxes?
2. Have you signed the declaration above?

Please ensure that you only provide information requested for this claim and do not include the patient's full medical records.

RETURNING THE COMPLETED FORM TO US

By post:

VitalityHealth

Sheffield

S95 1DB

By fax: 0800 015 8700

By email: info@vitality.co.uk

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