National friendly

Optical claim form

Healthcare Deposit Account

Please read these notes carefully before completing this claim form.
You can use this form to claim for new glasses, prescription sunglasses, contact lenses, repairs to glasses and laser eye treatment.
This form must be returned within three calendar months of your treatment.

Step 1: Check you're covered

- Please double check your claim is covered under the terms and conditions of your account:
  - Any claims within the first six months of joining are not covered.
  - Eye tests are only available if you hold a group healthcare account.
  - Laser eye treatment is not available within the first 24 months of membership.
  - Individual accounts can make one optical claim every other year. All other accounts can make one optical claim each year.
  - If you need an eye operation this may be covered under your medical allowance. Please call our Claims Helpline on **0808 168 2912** to check.
- Check your level of cover and that you have enough in your personal deposit account to fund your share of the claim.

Step 2: Complete this form

- Once you have checked you are covered please complete this form and sign it.
- You should answer all questions on this form honestly and in full. **If you miss any information out or give us misleading information, it could delay the processing of your claim and even result in non-payment**.
- Please post this completed claim form with your original proof of payment directly to:
  National Friendly, Freepost (SW 3073), Bristol BS8 3BR.
  We are unable to return any receipts, so you should take a copy of any records you wish to keep.
- If you are claiming an allowance for contact lenses that are purchased by monthly payments please submit your claim yearly or six monthly.

Step 3: Paying your claim

- Your payment will be paid by direct bank transfer (BACS). Please enter your bank details below. If you do not complete this part of the form this will delay your claim.

Bank details for payment of benefit (this must be an account in your name)

Name of Account Holder(s)

Branch Sort Code – –

Bank/Building Society Account Number

Account reference (if any)

- We cannot reimburse you for any costs not covered by your policy.

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To be completed by the patient (or parent if the patient is under 16)

Patient details

Title | First Name | Surname

Preferred contact telephone number | Reference Number

Healthcare Deposit Account number H C (please refer to your policy schedule)

Name of main Account Holder | Reference Number

Reason for claim

Please indicate the reason for your claim.

- ☐ Purchase of glasses
- ☐ Purchase of prescription sunglasses
- ☐ Purchase of contact lenses
- ☐ Laser eye treatment
- ☐ Repair of glasses
- ☐ Other Details:

Cost £ Date of purchase/repair D D M M Y Y Y Y

Other cover from insurers

Are you claiming, or have you claimed for this treatment from another insurer? YES ☐ NO ☐

If yes, how much? £

Patient declaration

- I agree that to the best of my knowledge and belief the information provided is true and complete. I understand that any false statement may disqualify me from reimbursement of my claim and from membership of National Friendly.
- I also give consent that any Specialist who has treated me can disclose any details requested by National Friendly.
- I confirm that if this form has been completed by someone else, it was done at my request.

Patient signature (or parent if patient is under 16) | Date / /

National Friendly has a duty to its members to detect and prosecute fraudulent claims.
On a random basis we undertake additional checks on claims and you may be required to provide further information.

Claims helpline: 0808 168 2912 (lines open 8am-6pm weekdays)

National Friendly
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National Friendly is a trading name of National Deposit Friendly Society Limited.
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Registration No. 110008. Calls are recorded for quality purposes.

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