

NHS Hospital Stay claim form

Healthcare Deposit Account

Please read these notes carefully before completing this claim form. You can use this form to claim a cash payment for an overnight stay in NHS hospitals. This form must be returned within three calendar months of the overnight stay.

Step 1: Check you're covered

- Please double check your claim is covered under the terms and conditions of your account:
 - Overnight stays due to pregnancy or a general exclusion are not covered.
 - You can claim a maximum of 10 nights a year.
 - Overnight stays for a parent accompanying a child under 16 will count as 2 nights. Both must be named on the policy.
- 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 the patient's section of 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.**

Step 3: Ask the hospital to complete the overnight stay details section

- Please ask the hospital to complete their section of this form or ask the hospital to supply you with an Admittance/Discharge Certificate.
- Please post this completed claim form with the original Admittance/Discharge Certificate directly to: National Friendly, Freepost (SW 3073), Bristol BS8 3BR.

Step 4: Paying for 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)			
<input type="text"/>		<input type="text"/>	
Branch Sort Code	Bank/Building Society Account Number	Account reference (if any)	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	

Healthcare Deposit Account NHS Hospital claim form



Patient details

Title	First Name	Surname
Preferred contact telephone number		Reference Number
Healthcare Deposit Account number	<input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (please refer to your policy schedule)	
Name of main Account Holder		Reference Number

Details of overnight stay – to be completed by the hospital

Please provide reason for hospital stay:

How long has the patient suffered from this condition? days/weeks/months (delete as appropriate)

Date admitted Date discharged

Was the patient allowed home between these dates? YES NO Total number of nights spent in hospital

Was the patient admitted via A&E? YES NO

Name and address of hospital & ward

If this claim is for a child under 16, was an adult accompanying them overnight? YES NO

If Yes: Number of accompanied nights spent in hospital Name of the accompanying adult

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.

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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.

www.nationalfriendly.co.uk

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