

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 a day case treatment or for an overnight stay in NHS hospitals.

This form must be returned within three calendar months of the 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.

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

