





### 3 Cash benefit

The hospital should complete this section if there were no charges for your overnight admission, and your health plan includes a cash benefit.

I confirm that .....  
 was in hospital from ..... to .....  
 and this admission was free of charge.

The hospital needs to stamp this claim form here:

### 4 Payment details

**Need to know:** For members: We can pay claims by bank transfer only and in one of the following currencies: EGP, USD, EUR, or GBP.  
 Payment is made in the same currency of your bank account.

Who would you like us to pay? (select one only)

Medical Practitioner <input type="radio"/>	Hospital or clinic <input type="radio"/>	Patient or member (enclose proof of payment) <input type="radio"/>	Group or company (enclose proof of payment) <input type="radio"/>
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#### Payment by bank transfer to a bank account

Bank name	
SWIFT / BIC code*	
Sort code (UK only)	<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"/>
Account number	
Full IBAN number*	
Account name / payee	
Currency for the transfer	
Bank address	
Post / Zip code	
Country	

**\*To process your payment as quickly and securely as possible, we strongly recommend this option as a preferred payment method.  
 Please provide the IBAN and the SWIFT code of your bank branch. Your bank will be able to provide you with this information if necessary.**

- We recommend that bank transfers are made in the currency of your bank account. Here's how we process co-insurances and deductibles for claims:
- If we're paying you - we'll pay your claim less the deductible or co-insurance amount you have on your policy.
  - If we're paying the provider - we'll take the deductible or co-insurance amount from you using your direct debit or credit card.
  - If you're a member of a company plan - we'll pay the medical provider for the claim less the deductible or co-insurance amount you have on your policy. You're responsible for paying any outstanding amount to the provider after we've assessed and paid the claim.

To find out if you have a co-insurance or deductible, please check your insurance certificate. You can find out more about how co-insurances and deductibles work in your membership guide.

### 5 Third party insurers

Are some of the costs recoverable from someone else (for example, another insurer or a person or organisation involved in an accident)?  Y  N

If yes, please provide their contact details:

Name	
Address	
Email	
Telephone (Please include country code, area code and number)	

## 6 Privacy notice

Last updated: May 2023

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use and protect it. It also provides information about your rights. If you have any questions about how we handle your information, please contact us at [egyptcustserv@bupa-intl.com](mailto:egyptcustserv@bupa-intl.com).

### Information about Bupa Egypt Insurance

In this privacy notice, references to “we” or “us” or “our” are to Bupa Egypt Insurance, your insurer and Bupa Insurance Services Limited, your international policy administrator. For company contact details, visit <https://www.bupaglobal.com/en/egypt/legal-notices>

### 1. What this privacy notice covers

This privacy notice applies to anyone who interacts with us in relation to our products and services (“you”, “your”), via any channel (for example email, website, telephone, app etc.).

### 2. Ways in which we obtain personal information

We collect personal information from you and from certain third parties (for example those acting on your behalf, like brokers, healthcare providers and so on) with your prior consent. If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and have provided their consent for you doing this.

### 3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care) and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money laundering checks or other background screening activity).

### 4. Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in this Notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect the rights, property, our safety and the safety of our customers, or others. The legal reason we process personal information depends on what category of personal information we process.

We normally process standard personal information on the basis that it is necessary for the performance of a contract, our or a third parties' legitimate interests or it is required or permitted by applicable law. We process special categories of information because it is necessary for an insurance purpose or because we have your permission. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

### 5. Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent, and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making, please contact us for further information.

### 6. Sharing your information

With your prior consent, we share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in accordance with the law.

### 7. Transfers outside of Egypt, the UK, and the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, with your prior consent, we transfer your personal information to countries outside of Egypt and outside of the UK and European Economic Area (“EEA”), the EU member states including Norway, Liechtenstein and Iceland) for the purposes set out in this privacy notice.

### 8. How long we retain your personal information

We keep your personal information in line with set periods calculated using the following criteria.

- How long you have been a customer with us, the types of products or services you have with us, and when you will stop being our customer.
- How long it is reasonable to keep records to show we have met the obligations we have to you and by law.
- Any time limits for making a claim.
- Any periods for keeping information which are set by law or recommended by regulators, professional bodies, or associations.
- Any relevant proceedings that apply.

### 9. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask for the transfer of information you have made available to us, to withdraw permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or similarly significantly affects you. Please contact us if you would like to exercise any of your rights.

### 10. Data Protection Contacts

If you have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which we process information about you, please contact us at [egyptcustserv@bupa-intl.com](mailto:egyptcustserv@bupa-intl.com). You also have a right to make a complaint to your local privacy supervisory authority. You can also make a complaint with another supervisory authority which is based in the country or territory where you live; you work; or the matter you are complaining about took place.

### 11. Our Complaints Procedure

It is always our intention to provide a first-class service to our members. However, if you have any comments or complaints, you can call our customer helpline on +20 (2) 2400 3600. Alternatively, you can email [egyptcustserv@bupa-intl.com](mailto:egyptcustserv@bupa-intl.com), or write to us at Bupa Egypt Insurance, Bldg 3/B1, Mivida Business Park, 5th Settlement, New Cairo, 11835, Egypt. If you remain unhappy with our final response, you may refer your complaint to the Complaints Department of the Egyptian Financial Regulatory Authority.

## 7 Declaration

### Important information - to be completed by the patient

I confirm that the information I have given on this form is accurate, correct and complete, to the best of my knowledge. I give explicit consent on behalf of myself or the patient (if acting on the patient's behalf) for the doctors and any other medical providers responsible for my treatment, care or other services provided to me, to provide Bupa Egypt Insurance or its service partners with any information requested in connection with this claim or any past claim, for the purpose of considering, processing, auditing or otherwise handling this claim.

#### Patient's signature

(Parent or guardian if patient is under 16)

#### Date

D	D	M	M	Y	Y	Y	Y
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#### Print Name

If you have any queries regarding your claim, log onto our website <https://www.bupaglobal.com/en/egypt> or contact our customer services team on:

- o Phone: Inside Egypt 16816 or from outside Egypt +2 (02) 2400 3600
- o Email: [egyptcustserv@bupa-intl.com](mailto:egyptcustserv@bupa-intl.com)

Please refer to your insurance certificate for details of your insurer.

### Claim checklist

Please review the following checklist and ensure that you provide the information and supporting documents, where applicable:

- Clear, readable and unobscured documents (photocopied receipts should not obscure any details, clear handwriting, etc)
- Symptoms and/or diagnosis, where this has been established, along with the date they started
- Prescription for pharmacy and optical claims
- Final itemised invoice to include treatment dates, description and cost of each service provided (please note we cannot accept interim or estimate invoices)
- A medical discharge report, for in-patient treatment and surgical procedures
- Complete payment instructions including payment currency
- Proof of payment for policyholder, group or company paid claims
- Signature, name and date provided for the declaration above

We'll email you if we need more information to complete the assessment of your claim. You can also track the progress of the assessment online in your MembersWorld account.

# Notes