

PO Box 340, Sheffield S98 1XB 0114 250 2000 8:30am-5:30pm Monday to Friday enquiries@westfieldhealth.com westfieldhealth.com

Did you know you can now claim online for all benefit types at westfieldhealth.com/mywestfield or via our app.

Please write carefully in black ink within the boxes in block capitals. Please ensure you complete the claim form in full.

Claim Form- Health Cash Plan

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Part 2 - continued For all claims in this section your receipt should clearly show the practitioner's/healthcare professional's name and the professional organisation they are registered with/a member of.
You You You You You
Acupressure Indian Head Massage Reiki Allergy Testing/ Food Intolerance Nutritional Therapy
Aromatherapy Reflexology Sports Massage Hypnotherapy Day Month Year
ease enclose the receipt and say how much you paid £ Date of receipt Date of receipt
aternity/Paternity/Adoption Please send us a copy of your child's full birth certificate - don't send the original certificate.
ase refer to your policy schedule or benefit table to determine the benefits that are applicable to your cover.
ease check these carefully to confirm your cover before receiving treatment or paying for goods and services for which you intend to claim. the benefits shown below, please enclose the relevant original receipt. For claims for a dependent child, give their details in Part 1. We will check the information you give us. Your
eipt should clearly show the name and address of your practitioner.
Part 3 Please place a cross in the box showing the benefit you are claiming.
or claims in this section please send us a copy of your discharge letter as evidence of your admission.
of claims in this section please send as a copy of your discharge letter as evidence of your admission.
You Dependent child You Dependent child
Inpatient Day Surgery
Please state medical procedure including any treatment e.g. chondroplasty, as we do not cover tests or investigation
e.g. biopsies or endoscopies carried out for investigation purposes only.
Was allocated a bed or a similar facility that the treatment provider classes as a bed Yes No
(Usually for a period of supervised recovery)
Underwent a Surgical Procedure** using theatre facilities Yes No
**A procedure requiring the use of local, regional or general anaesthetic, for the purpose of treating disease, injury or abnormality by
operating directly on or removing the affected part, or removing a foreign body.
For benefits shown below please enclose the relevant original receipt clearly showing your name and the name and address of the dispensing practitioner.
We will not accept debit/credit card receipts or photocopies. Day Month Year
Prescription Charges Please say how much you paid £ Date of receipt
If you have purchased a Prescription Pre-payment Certificate (PPC) you must provide us with evidence of this eg: a copy of the PPC11 letter issued by the NHS Business Services Authority when they issue your PPC.
Day Month Year
Is the PPC valid for 3 months 12 months Date of receipt
Flu Jab & Vaccinations
Day Month Year
Please say how much you paid £ Date of receipt
Name of vaccination

We will only pay benefit under the General Terms and conditions and Benefit Rules shown in our current plan guide.

We must receive claims within 26 weeks of the date of each receipt or the date of treatment for which you are claiming benefit.

If any documentation submitted is found to be untrue, this may lead to the termination of your policy.