



Section 2 Hospital Outpatient

Name of hospital (official stamp)

Attendance dates (minimum of three)

First	D	D	-	M	M	-	Y	Y
Second	D	D	-	M	M	-	Y	Y
Third	D	D	-	M	M	-	Y	Y

Date --

Section 3 Personal Accident

Personal accident benefit is not applicable to Personal 7 and Partners 14 schemes.

Please send me a Personal Accident claim form, if eligible (please tick box) ☐

Details of injury suffered

Section 4 Counselling

To be completed by the Practitioner. The Practitioner's receipt must be submitted.

Name of patient

Description of condition

Dates of appointments from to

The PRACTITIONER'S CERTIFICATION section must be completed and stamped.

Section 5 Optical

To be completed by the Optician. The Optician's receipt must be submitted.

Name of patient

Details/description of lenses

Date of supply

Prescription/test date

Value of vouchers towards cost £ (if any)

The PRACTITIONER'S CERTIFICATION section must be completed and stamped.

Section 6 Dental

To be completed by the Dentist. The Dentist's receipt must be submitted.

Name of patient

Details/description of treatment

Dates of treatment from to

The PRACTITIONER'S CERTIFICATION section must be completed and stamped.

Section 7 Alternative Therapies

For Acupuncture, Alexander Technique, Bowen Therapy and Sports Therapy/Massage. To be completed by the Practitioner. The Practitioner's receipt must be submitted.

Practitioner is qualified to provide the following treatment

Patient's name

Description of condition treated

Dates of treatment from to

Practitioner's qualification/registration

Number of treatments  Cost per treatment £

The PRACTITIONER'S CERTIFICATION section must be completed and stamped.

Section 8 Physiotherapy, Osteopathy, Chiropractic & Chiropody/Podiatry

To be completed by the Practitioner. The Practitioner's receipt must be submitted.

Practitioner's profession (please tick as appropriate)

Physiotherapist ☐ Osteopath ☐

Chiropractor ☐ Chiropodist/Podiatrist ☐

HCPC/GOC/GCC Number

Patient's name

Description of condition treated

Dates of treatment from to

Number of treatments  Cost per treatment £

The PRACTITIONER'S CERTIFICATION section must be completed and stamped.

Section 9 Specialist Consultation

To be completed by the Consultant. The Consultant's receipt must be submitted.

Name of patient

Condition which necessitated the consultation

The PRACTITIONER'S CERTIFICATION section must be completed and stamped.

PRACTITIONER'S CERTIFICATION

Full name

Qualifications

Signature

Date

Amount paid £ Amount paid in words (pounds only)

Practitioner's official stamp/business card