

WHA Healthcare Benefit Claim Form

Subject to our current **Benefit and General Conditions**

Please return to:
WHA Healthcare, WHA House,
Greenwood Close, Cardiff Gate
Business Park, Cardiff, CF23 8RD.
Tel: 029 2048 5461

WHA

Healthcare



 Please ensure the person who receives the treatment fills out this form. If claiming for a dependent, the contributor must complete it.

Your Details		Who is the claim for?	
Policy Number:	Date of Birth: / /	<input type="checkbox"/> Myself	
Title:	Forename(s):	<input type="checkbox"/> My Child	
Surname:		Child's Name:	
Full Address & Postcode:		Child's Date of Birth: / /	
Email:			
Phone:			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Civil Partners <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Common Law Partners			

Declaration & Data Protection

By submitting this form, I confirm the accuracy of information provided and fee payments made by either myself or the patient, without eligibility for reimbursement elsewhere and acknowledge that any fraudulent attempts will lead to legal action. I authorise WHA Healthcare to process health data for claim assessment, including contacting practitioners for eligibility verification. For Data Protection we will use the information you provide to us on this form for the purposes of administering your policy and processing any claims. For further information as to how we will use your personal information, our legal basis for doing so and your rights in relation to your personal information please see our Privacy Notice at whahealthcare.co.uk/privacy-policy.

Signature:	Date: / /
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 Prefer to go digital? You can now submit your claim online at whahealthcare.co.uk/existing-customers/ 

Hospital Claims

To be completed by a hospital representative for claims involving hospital treatment. Please ensure the form is signed, dated and stamped by authorised hospital staff. If this is not possible, provide supporting documents such as a MED10 certificate or Hospital Discharge Papers. It is the claimant's responsibility to ensure the form is fully completed before submission. Please note: Claim Forms may be verified with the hospital before the payment is issued.

Hospital Inpatient To be certified on discharge from hospital OR after a continuous stay of 90 days if supporting documents are not provided.

Patient's Name:		Date of Birth: / /	
Medical classification <input type="checkbox"/> Accident <input type="checkbox"/> Emergency <input type="checkbox"/> Other:			
Hospital Name & Official Stamp:	1st Attendance Dates: Date admitted: / / Date discharged: / /	Hospital Name & Official Stamp:	2nd Attendance Dates: Date admitted: / / Date discharged: / /
Signature of Hospital Officer:		Signature of Hospital Officer:	
Position: Date: / /		Position: Date: / /	

Hospital Outpatient To be certified on completion of FOUR attendances in a continuous period of six months.

Hospital Name:	Official Stamp:	First: / /	Second: / /
		Third: / /	Fourth: / /
Signature of Hospital Officer:		Position:	
		Date: / /	

Maternity Hospital or Home Birth

Please tick this box and attach a full original birth certificate(s) or MAT B1 form. We will send back the original copy with a letter once the claim has been processed. If you are in hospital for a total of more than seven days, from the eighth day onwards we will pay benefit at the hospital inpatient rate for each completed period of 24 hours spent in hospital, up to the maximum hospital inpatient benefit. Please complete the inpatient section if required.



For the benefits listed below, we only need a clear and identifiable receipt. This receipt must include: your full name, the amount you paid, individual treatment dates and the practitioner's name and contact details. Claims without the information may be delayed or rejected.

Dental and Optical Which benefits are you claiming for? Please tick relevant box, you can claim for multiple items the same time.				
Benefit type	Amount paid	Treatment dates		Reason for treatment
		From	To	
<input type="checkbox"/> Optical: If you are buying glasses online, you must include a valid copy of your eye prescription dated within the last 2 years.	£	/ /	/ /	
<input type="checkbox"/> Dental: NHS or Private Dentists	£	/ /	/ /	

Complementary Treatments For all complementary treatment claims, the treatment must be performed by a qualified practitioner.						
Benefit type	Number of treatments	Amount paid, please ensure individual treatment dates are shown on the receipt.	Treatment dates		Practitioner's Registered Number	Description of condition treated
			From	To		
<input type="checkbox"/> Physiotherapy		£	/ /	/ /		
<input type="checkbox"/> Chiropractic		£	/ /	/ /		
<input type="checkbox"/> Osteopathy		£	/ /	/ /		
<input type="checkbox"/> Chiropody		£	/ /	/ /		
<input type="checkbox"/> Acupuncture		£	/ /	/ /		

Specialist Consultation (Must be an NHS Consultant)	
Consultant's Name:	
GMC Number:	Date: / /
Nature of Condition:	

Personal Accident Personal accident benefit is not applicable to Personal 145 and Partner 290 Plans.	
<input type="checkbox"/> Please send me an application form for personal accident <small>(tick)</small>	Details of injury suffered:
Date of injury: / /	

Convalescent home
If you would like WHA to arrange your admission to a convalescent home, your General Practitioner (GP) must contact us to discuss this option further.

Useful Claims Checklist

To help us process your claim quickly, please make sure you've checked the following:

- Have you signed and dated the declaration section?
- Have you completed all relevant sections of the claim form?
- If claiming for hospital treatment: Has the hospital section been stamped and signed by a hospital official?
- Or have you enclosed the discharge papers or MED10 form containing all the required dates and details?
- Is your treatment date within the last 6 months?
- Have you included your WHA policy number?
- Are your receipts clearly itemised and do they show your name, the date of treatment, amount paid, and the practitioner's name and contact details?
- If claiming for maternity benefits: Have you included a copy of the baby's birth certificate or MAT B1 form?
- Have you enclosed all required supporting documents (e.g., prescription for glasses or if requested GP questionnaire for pre-existing conditions)?
- Once completed, please post your claim form along with all supporting documents to:

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