

Laferla Insurance Agency Ltd.
204A, Vincenti Buildings,
Old Bakery Street,
Valletta VLT 1453.
Malta.

Postal Address: P.O. Box 347, Valletta VLT1000.

Tel: +356 2124 6340
E-Mail: medicalclaims@laferla.com.mt
Website: www.laferla.com.mt

24/7 Call Centre: +356 2248 0202



LAFERLA HEALTHPLANS health insurance claim form

Important Notes

- Claims for Specialist consultations and any diagnostic procedures must be on the initial recommendation of your General Practitioner, except for consultations/treatment given by gynaecologists, paediatricians or ophthalmologists.
- You must always contact Laferla Insurance Agency Ltd. using the contact information above before receiving any in-patient or day-case treatment, CT/MRI/PET Scan, to enable us to confirm eligibility and extent of cover.
- Claims, together with original receipts, are to be submitted within 3 months of treatment.

For office use only - **Date Received:**

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Please fill in Sections 1A, 1B, 2, 3 and 6. Your GP must fill in Section 4 and if referred to a Specialist they must fill in Section 5.

In case of Emergencies or to make use of our Mediphone service (if included in your plan), you may contact our 24/7 call centre on +356 2248 0202.

Section 1A - Policyholder Details

Policy Number	Group Name (if applicable)		
Policyholder Name	Date of Birth	ID Card Number	
Address			
Contact Number	E-mail Address		

Section 1B - Patient Details

Please tick this box if patient details are the same as policyholder details above. Otherwise, please fill in the below:

Patient Name	Date of Birth	ID Card Number
Address		
Contact Number	E-Mail Address	

Section 2 - Description of Symptoms / Reason for seeking Medical Advice

To be completed by the patient or legal guardian of the patient

Reason for seeking Medical Advice			
Date of first visit to any doctor for this condition	Was illness or injury sustained as a result of an accident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any costs incurred recoverable under another insurance policy or from a Third Party? <i>If Yes, please give details.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Did treatment require hospitalisation? <i>If Yes, please advise admission and discharge dates.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Admission Date _____ Discharge Date _____

Section 3 - Payment Details - How would you like to receive your claim payment?

Name of Payee	ID Card Number	Relationship to Policyholder
Address		
Bank Name & Branch	IBAN	SWIFT/BIC

Section 4 - To be completed by a registered Medical or Dental Practitioner

Patient's Name	Date of first consultation for this medical condition
Symptoms as described by the patient	
Diagnosis	
Treatment given	
Future treatment recommended	
Do you recommend that the patient receives further treatment from a Specialist? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Signature & stamp	Date

Section 5 - To be completed by a registered Specialist

Patient's Name	Date of first consultation for this medical condition
Symptoms as described by the patient	
Diagnosis	
Treatment given	
Future treatment recommended	
Signature & stamp	Date

Section 6 - Declaration to be signed by the Patient

I authorise Laferla Insurance Agency Ltd. as a data processor on behalf of Mapfre Middlesea plc to share information with others (including insurers and Insurance Associations) in order to prevent fraudulent claims. I declare that all the answers given and the statements made are true and correct. Furthermore I declare that I have not withheld any information relevant to the claim.

I give explicit and unequivocal consent to Laferla Insurance Agency Ltd. and Mapfre Middlesea plc to seek any information from any doctor, surgeon, hospital, clinic, laboratory or persons that have records or knowledge of my health in order for the validity of the claims to be established.

I hereby authorise any doctor, surgeon, hospital, clinic, laboratory or persons that have records to provide full medical information concerning myself and my dependants. I give consent to Laferla Insurance Agency Ltd. and Mapfre Middlesea plc to process my personal data supplied by myself or any person, body or entity in order to process, handle and settle the claim.

Patient's Signature	Date
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Data Protection Notice - Laferla Insurance Agency Ltd. treats your personal data very seriously. We process your data in line with provisions in the EU General Data Protection Regulation (GDPR). For more information regarding how we process your personal data, please visit our website on www.laferla.com/mt/data-protection.

Laferla Insurance Agency Ltd. is enrolled under the Insurance Intermediaries Act, 2006, to act as an Insurance Agent for Mapfre Middlesea plc (MMS). MMS is authorised by the Malta Financial Services Authority to carry on both Long Term and General Business under the Insurance Business Act, 1998. Both entities are regulated by the MFSA.