



Health

Your guide to claiming



See where you are on your claims journey and find out what can happen next.

Feeling unwell or concerned about your health?

See your GP

After they've taken a look at your symptoms, carried out any tests and prescribed treatment they may refer you for specialist care. This is where your healthcare cover kicks in.

tip

Why not try AXA Doctor at Hand to get a GP appointment quickly?

Speak to a GP when it suits you with AXA Doctor at Hand, your online GP service powered by Doctor Care Anywhere.¹

Does your GP want to refer you to a specialist?

Ask your GP for an open referral

Your GP will refer you for specialist care without naming the specialist you'll see.

Has your GP referred you to a specialist?

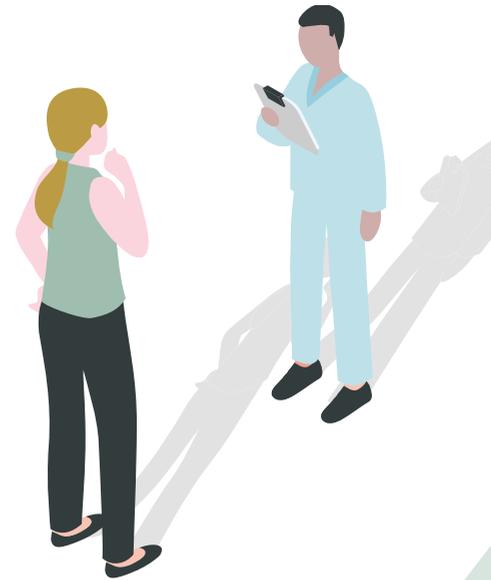
Call us on 0800 132 203

We'll check whether you're covered for the type of specialist you've been referred to. If you're covered, we can find you a specialist and book an appointment with them or you can choose from our list and book in your own time.

tip

Have your referral letter handy when you call us.

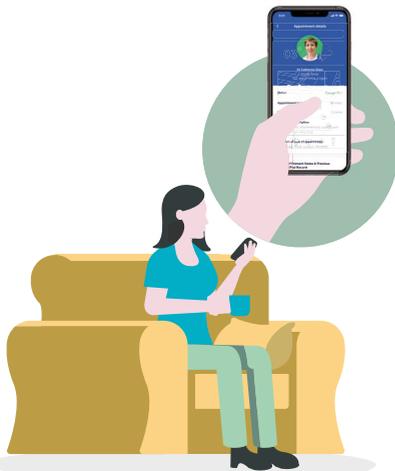
If you'd like a loved one to be able to talk to us on your behalf, we'll need your permission. You can manage these 'permissions' from your membership site – get started at 'my profile'.



Have you called us and we've said we'll cover your care?

Have your appointment

You'll see a consultant, rather than a junior doctor or a registrar, at a location and time convenient to you.



Does your specialist want to carry out tests or treatment?

Call us on 0800 132 203

We'll check whether your plan covers these as well so that we can give you the go-ahead.

tip

If you have a letter from your specialist, have this handy when you call us.

Have we authorised your tests or treatment?

Give your authorisation number to your specialist

They'll bill us directly for the cost.

Has your specialist invoiced you directly?

Call us on 0800 132 203 or log in to your membership site

We'll explain what you need to do or you can follow the steps when you get there.

tip

You can send claim documents to us in your membership site.

Do you need support during your recovery?

Call us on 0800 003 004

Our Health at Hand experts are here day and night to support you.

Need more treatment?

Call us on 0800 132 203

We'll check whether you're covered for your treatment.

tip

Have your specialist's letter handy when you call us.



¹ Subject to appointment availability.

Our phone lines are open We're open 8am-8pm Monday to Friday, and 9am-5pm on Saturday.
We may record and/or monitor calls for quality assurance, training and as a record of our conversation.

What can sometimes happen

Sometimes we can't pay for your consultation or treatment, or we might only be able to pay for part of it. Here's when and why this might happen.

We ask you to pay towards your treatment

If you have an excess on your plan you'll pay up to this amount towards treatment that we give you the go ahead for. This excess is per person on your plan per year. We'll tell you how much your excess is and how to pay it once we have the invoice for your treatment.

You might also have a benefit limit on your plan. This means that if the cost of your treatment is more than this cap, we'll ask you to pay the difference.

We ask for a bit more information

Before we can assess your claim we may need a bit more information from your GP or specialist. Usually we just need your most recent clinic or referral letter. You can upload this on your membership site. Don't worry if you don't have a copy: we can request it for you (we'll need your signed consent) and call you when we've made a decision. If you're in your first year of membership we may need to ask you a few more questions.

We aren't able to pay early claims

If you've chosen moratorium or 'mori' underwriting on your plan, it means for at least the first two years of your plan we won't cover treatment of any condition you have had in the five years before you joined us.

We can't cover some conditions

A 'pre-existing condition' is a condition or symptom you had before you joined us. Healthcare cover is usually designed to cover treatment of new medical conditions that happen after you join. Your cover for treatment of conditions you were aware of or had already when you joined depends on what underwriting you have on your plan. Check your membership guide to see what kind of underwriting you have.

Chronic conditions are conditions that you may need to see someone regularly about. They may be present or continue for a long time or may come back. Asthma, for example, or diabetes. If your condition becomes chronic we may no longer be able to cover you for it. But don't worry: if this happens, we'll contact you in good time so that you can decide whether to start paying for your treatment yourself or move across to the NHS.

We can't approve your claim

Our plans can't replace all NHS services. So sometimes we won't be able to approve a consultation or treatment. For example, cosmetic treatments. We also can't cover chronic and pre-existing conditions (see above).

You might have chosen a plan without cover for certain types of treatment. For example, some of our members just choose cover for inpatient care, meaning they won't be covered for any outpatient treatments like tests or consultations.