

Treatment Claim Form

- If you are aged 16 or above, please note this claim form cannot be filled out by anyone other than the member due to data protection regulations. Please use one form per member.
- Please return the completed form to hsinvoices@healix.com.

Section One

Personal Details	
Member Name	
Date of Birth	
Member Number	
Address	
Telephone Number	
Email Address	

Treating Healthcare Professional Details	
Treating Healthcare Professional Name	
Type of Healthcare Professional	e.g. dentist, osteopath
Treating Healthcare Professional Address	

Section Two

Treatment Details		
Type of Treatment	Date of Treatment	Fee Charged
e.g. physiotherapy, acupuncture		

Section Three

Bank Details	
Account Name	
Sort Code	
Account Number	

Declaration

Please tick the below boxes to confirm that you understand and accept the following:

- To the best of my knowledge, all information given on this claims form is true and complete.

I consent to Healix Health Services storing my data for the purpose of processing my claim.

I understand Healix Health Services may seek my consent to contact my treating healthcare professional to verify any of the information contained within this claims form, and that refusal to provide my consent may result in the disqualification of my claim.

I have attached full invoices which state the type of treatment, date of treatment and facility at which the treatment took place.

Signature	Date

Healix is committed to respecting your right to privacy and protecting your personal information in accordance with the General Data Protection Regulation (GDPR). Please use the link below for details of our policy when handling personal information when we are providing services to you: <https://www.healixhealthservices.co.uk/privacy-policy/>