your | HEALTH

ST CHRISTOPHER HEALTH FUND

October 2022

How to Make a Claim

1. **Rule 6** - When considering or making an application to the Fund for assistance, members are asked to bear in mind the following points:
   - applicants are asked to approach the Fund's administrator, either by letter, telephone or e-mail, before expenses are incurred;
   - where applicable, claims should be made under private medical insurance (PMI) before an application for assistance is made to the Fund. If part of the costs incurred is covered by PMI, evidence for this amount must be provided;
   - if a claim is successful, the level of benefit payable shall be that applying on the date on which treatment took place;
   - claims are subject to a calendar year limit as set out in paragraph 3, above;
   - claims must be supported by invoices. These should be on the headed notepaper of the practitioner, and receipted by the practitioner. They should clearly state the medical condition and the treatment provided (eg consultation, surgery), the cost of the treatment, the date of treatment and name of member receiving the treatment. **Please note that credit card receipts alone are not acceptable**;
   - invoices must be less than six months old. Subject to this time limit, and wherever possible, members should submit all invoices relating to a particular course of treatment at the same time;
   - include original documentation from hospital or consultant;
   - documentation should be accompanied by a covering letter which must specify the claimant's contact details including telephone number and/or email address so that any queries can be resolved quickly; please specify in the covering letter if you want the original documentation from the hospital or consultant returned to you;
   - if the claim relates to a medical insurance shortfall, all relevant documentation (originals) must be provided so that the amount payable by the Fund can be calculated;
   - ensure that the Fund Administrator has your bank account details (sort code and account number) otherwise the processing of your claim may be delayed.

2. The attached Appendix to this Guidance Note sets out a number of worked examples of claims in order to illustrate for members how grants are calculated in different scenarios.

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Appendix: Examples of How to Calculate Your Claim

75% Claim	
Total cost of treatment (no medical insurance contribution)	£300
Fund excess	-£75
	£225
75% of claim paid	x 75%
Member receives	£168.75

AXA Shortfall/Excess	
Example 1 - Total cost of treatment	£645
Cost met by AXA	£445
Shortfall (ie amount not met by AXA)	£200
As AXA have paid more than 25% of total cost of treatment, the Fund will reimburse the entire shortfall less the £75 excess, as follows	
Fund excess	-£75
Member receives	£125
Example 2 - Total cost of treatment	£1,250
Cost met by AXA	£400
Shortfall (ie amount not met by AXA)	£850
As AXA have paid more than 25% of total cost of treatment, the Fund will reimburse the entire shortfall less the £75 excess, as follows	
Fund excess	-£75
Member receives	£775
Example 3 - Total cost of treatment	£200
Cost met by AXA	£50
Shortfall (ie amount not paid by AXA)	£150
As AXA has only paid 25% of the total cost the Fund will reimburse the entire shortfall, less the £75 excess, as follows	
Fund Excess	-£75
Member receives	£75
Example 4 - Total cost of treatment	£160
Cost met by AXA	-£10
Shortfall (ie amount not paid by AXA	£150
As AXA has paid less than 25% of the total cost the Fund will reimburse 75% of the claim, less the excess	
Fund excess	-£75
	£75

75% of claim to be paid	x 75%
Member receives	£63.75

£500 Rule	
Total cost of treatment (no medical insurance contribution)	£3,000
As total cost exceeds £2,000 the member's contribution is limited to	-£500
£500 and the £75 excess	-£75
Member receives	£2,425