



CS healthcare

quality cover for less

Claims process for:

- **Moratorium (MOR) or Continued Moratorium (CM) members.**
- **Continued Personal Medical Exclusions (CPME) members for symptoms that first occur in the first 3 months of membership.**
- **Full Medical Underwriting (FMU) members for symptoms that first occur in the first 12 months of membership.**

Step 1

Visit your GP. If your GP refers you for tests or treatment and you wish to go private please ask your GP for a copy of the referral letter and then call the Claims Helpline on 020 8410 0440.

Please ensure you have the following details:

- **Date symptoms started,**
- **Date you first visited your GP regarding this condition**
- **Your policy number**

Step 2

The referral letter needs to be sent to CS Healthcare so that we can assess the details of your condition and whether your claim is valid.

Step 3

On assessment of a valid claim we will send a claim form for completion by your consultant/specialist and will preauthorise your initial treatment.

Step 4

The Claim Form needs to be returned to CS Healthcare in support of the treatment proposed (including day-patient or in-patient treatment).

A pre-authorisation certificate will be sent to you as confirmation of cover.

Step 5

When we receive invoices for treatment we will settle them directly with your provider. If you have a co-payment or excess on your policy we will advise what you need to pay.

And finally...

If you require further treatment please call us again.

Please Note:

On occasion we may need further information to confirm that this claim does not relate to a pre-existing condition.

If this is the case it may be necessary to speak to a member of our underwriting team who may request that you send us copies of medical reports or documentation about the treatment you are claiming for.

A mutual, not for profit, health insurer specialising in the civil and public services

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Chairman: Michael Legge, CB CMG

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