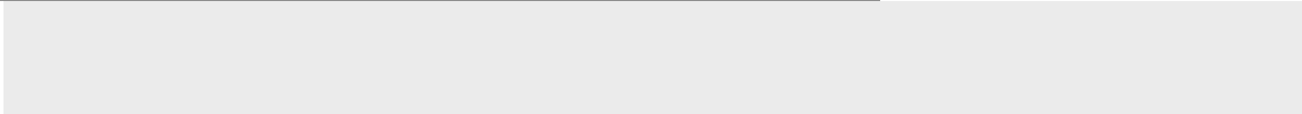
National friendly



Healthcare Deposit Account

Optical claim form

To be completed by the patient (or parent if the patient is under 16)

Patient details

Title	First Name	Surname
Preferred contact telephone number		Reference Number
Healthcare Deposit Account number H C	(please refer to your policy schedule)	
Name of main Account Holder		Reference Number

Reason for claim

Please indicate the reason for your claim.

- [ ] Purchase of glasses
- [ ] Purchase of prescription sunglasses
- [ ] Purchase of contact lenses
- [ ] Laser eye treatment
- [ ] Repair of glasses
- [ ] Other Details:

Cost £ Date of purchase/repair D D M M Y Y Y Y

Other cover from insurers

Are you claiming, or have you claimed for this treatment from another insurer? YES NO

If yes, how much? £

Patient declaration

- I agree that to the best of my knowledge and belief the information provided is true and complete. I understand that any false statement may disqualify me from reimbursement of my claim and from membership of National Friendly.
- I also give consent that any Specialist who has treated me can disclose any details requested by National Friendly.
- I confirm that if this form has been completed by someone else, it was done at my request.

Patient signature (or parent if patient is under 16)

Date / /

National Friendly has a duty to its members to detect and prosecute fraudulent claims.
On a random basis we undertake additional checks on claims and you may be required to provide further information.

Call us on: 0808 168 2912 Free from most UK Landlines.
0333 014 6244 Local rate from UK landlines and mobiles. Also included in free call packages.
8am-6pm weekdays. Calls may be recorded for training and monitoring purposes.

info@nationalfriendly.co.uk **www.nationalfriendly.co.uk**

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