

CLAIM APPLICATION HOSPITAL MODULE

For (select the appropriate one)

☐ POSTPARTUM HOSPITAL STAY ☐ PLANNED TREATMENT/SURGERY

Policyholder's data

Policy/Agreement Number: _____

Policyholder – name: _____

Insured Party

First name: _____ Surname: _____

Personal ID No. (PESEL)*: _____ Date of birth*: _____

**Personal ID No. is required as first in the order of priority; date of birth is required in the absence of a Personal ID No.*

Contact person information

(to be completed if the report concerns a minor; the field should be completed by the legal guardian)

First name: _____ Surname: _____

Contact and address details

Mobile phone number: _____ Street: _____

E-mail address*: _____ City/town: _____

☐ *I agree to receive correspondence related to the performance of the insurance agreement within the scope of the claim notified, by e-mail, to the e-mail address provided by me.

Building No.: _____ Apartment No.: _____

Postal code: ____-____ Post office: _____

Event-related information:

☐ Applies to planned procedure/surgery:

Date of onset of first signs and symptoms/diagnosis of the disease being the subject of the claim: _____

Medical establishments (name and address) in which the reported complaints had been treated until the application was filed: _____

Reason for surgery/Diagnosis (applies to planned procedure/surgery – please do not complete this if you are filing a claim for childbirth): _____

Recommended treatment (applies to planned procedure/surgery): _____

Required documents:

- ☐ Medical records of an appointment during which an up-to-date hospital referral was issued in connection with the medical condition.
- ☐ Medical records of an appointment during which symptoms related to the medical condition were reported to a physician for the first time.
- ☐ Medical records showing the past diagnostics from the last 2 years.
- ☐ Medical records of hospital treatment, if the Customer stayed in a hospital in connection with the medical condition.

Event-related information:

Is the planned surgery associated with an accident? ☐ Yes ☐ No

Were you under the influence of alcohol or drugs at the time of the accident? ☐ Yes ☐ No

Date of the accident: _____

Circumstances of the accident/history of treatment of the condition: _____

Applies to Postpartum Hospital Stay:

Planned date of delivery: _____

Pregnancy: ☐ First ☐ Subsequent

Is this pregnancy a result of in vitro fertilisation? ☐ Yes ☐ No

Is this pregnancy a high-risk pregnancy? ☐ Yes ☐ No

Referring physician/physician providing prenatal care:

First name: _____ Surname: _____

Facility address: _____

Required documents:

- ☐ A copy of the referral to an HCP (for planned procedure/surgery).
- ☐ A copy of the medical records, discharge summary reports and the results of tests/examinations confirming the indication for planned surgery (applies to the planned procedure/surgery).
- ☐ A copy of the medical consultation reports from 3 months prior to pregnancy and 1st and 3rd trimester of pregnancy (1 report for each period – applies to childbirth).
- ☐ Other documents (please specify).

Where to send the application form

The Insured Party sends the completed application together with the documents by e-mail to the following address: roszczeniaszpitalne@luxmed.pl or by post to:

LMG Försäkrings AB S.A. Branch in Poland
Szturmowa 2 Street, 02-678 Warsaw
With a note: Claims Settlement Department

Policyholder's statements

The terms used in the statements have the following meaning:

Insurer – LMG Försäkrings AB, an insurance company with its registered office in Stockholm, operating in Poland via its branch LMG Försäkrings AB S.A. Branch in Poland with its registered office in Warsaw.

LUX MED – LUX MED Sp. z o.o. with its registered office in Warsaw, acting on behalf of the Insurer.

I authorise healthcare entities to provide the Insurer with information about the services provided to me, including information indicating (even indirectly) my health condition. ☐ Yes ☐ No

I hereby grant consent to making available to the Insurer and LUX MED by the healthcare entities whose services I have used or I am using, my medical records and information about my health condition within the scope covered by the application submitted by the Insurer of LUX MED in order to enable the Insurer to provide health services under the Insurance Contract to which I am subject, including as a part of ensuring coordination of the hospitalisation and treatment process, and to settle them, and I agree for the Insurer and LUX MED to authorise the person acting on their behalf to have access to information on my health condition and to obtain medical records from the health services Provided to me. ☐ Yes ☐ No

I hereby grant consent to making available by the Insurer and LUX MED my medical records and information on my health condition which I have provided to the Insurer (and the entities acting on its behalf) by myself or which have been obtained on the basis of my consent to other healthcare entities that will provide health care service to me, as regards which the Insurer provides services of treatment coordination within the scope resulting from the insurance coverage to which I am subject, in order to enable me to use the services covered by the Insurance Contract and to settle them. ☐ Yes ☐ No

Date

City/town

Signature

Information obligation

Below, you will find all the necessary information regarding the processing of personal data by LMG Försäkrings AB S.A., Branch in Poland, in connection with the provision of insurance care as part of the processing of the submitted claim.

Who is the data controller?

The Insured Parties' personal data processed for the purpose of filing the claim is controlled by LMG Försäkrings AB S.A. with its registered office in Stockholm (102-51), Sweden, Box 27093, operating through the Branch in Poland with its registered office in Warsaw (02-678) at Szturmowa 2 Street (hereinafter referred to as "LMG" or "we").

Who can I contact regarding the processing of personal data?

In any matters related to the processing of personal data by LMG, you can contact our Data Protection Officer:

Katarzyna Pisarzewska

E-mail: daneosobowe@luxmed.pl

What is the source of data – where is it obtained from?

In order to enable us to process a claim under the insurance care provided to the Insured Party, it is necessary to complete the above form and add the attachments indicated by LMG. Personal data is transferred to LMG by the Insured Party as part of his/her claim application. Where this is necessary for processing a claim, LMG may also obtain information about the Insured Party's health status from the healthcare institutions whose services he/she uses/has used.

LMG FÖRSÄKRINGS AB S.A.
ODDZIAŁ W POLSCE

GRUPA LUXMED 

luxmed.pl

LMG Försäkrings AB S.A. Branch in Poland
Szturmowa 2 Street, 02-678 Warsaw
t: 22 450 45 00, 22 450 50 10

District Court for the Capital City of Warsaw in Warsaw
13th Commercial Division of the National Court Register
KRS: 0000395438

Tax ID No (NIP): 108 001 14 94, Statistical ID No (REGON): 145156729
Share capital: EURO 5 800 000,00

What is the scope of personal data processed?

We process Insured Parties' personal data within the scope indicated in the application and resulting from the documents attached by the Insured Party. This data also includes information about the Insured Party's health status that has been provided to us. Where this is necessary for processing a claim, LMG may, on the basis of an authorisation granted by the Insured Party, contact the healthcare institutions that he/she uses or has used in order to obtain the requisite information about the Insured Party's health. This step may also involve a request by us to the healthcare institutions that maintain and store the Insured Party's medical records to provide LMG with a copy of those records, to the extent necessary for the provision of insurance care, which is done on the basis of the Insured Party's relevant consent. We may also ask the Insured Party to directly provide us with the necessary medical records.

What is the purpose of personal data processing?

We process personal data as an insurance entity, and the purpose of this processing is the performance of an insurance agreement (claims adjustment/claims processing), which we understand as follows:

Purpose of processing

Legal basis (full titles of the legal acts can be found at the end of the form) Performance of an insurance agreement, including the conduct of claims processing.

Article 6(1)(b) of the GDPR in conjunction with Article 41(1) of the Insurance Act. If the Insured Party has shared his/her opinion on our services or made a complaint, we may process personal data in order to examine the notification and respond to it.

Article 6(1)(f) of the Regulation, as the so called legitimate interest of the controller, which is the processing of claims and the protection of the Insurer's interests. As a data controller being an entrepreneur, we have the right to pursue claims for our business activity and, therefore, process data for this purpose.

Article 6(1)(b) and (f) of the GDPR, as the so called legitimate interest of the controller, which is the pursuit of our claims and protection of our rights. As an entrepreneur, we also keep accounting books and we have tax obligations – we issue invoices for the services we render, which may involve the need to process personal data.

Article 6(1)(c) of the GDPR in conjunction with Article 74(2) of the Accounting Act of 29 September 1994.

Who will receive my personal data?

We care about the confidentiality of your data. Due to the need to ensure appropriate organisation on our part, e.g. in terms of IT infrastructure or day-to-day matters relating to our business activities as an entrepreneur, we may transfer your data to other recipients if this is necessary for the purposes covered by the consents granted or prescribed by law. Insured Parties' personal data may be transferred to the following categories of recipients in connection with our business activity:

- entities providing us with technical and organisational solutions that enable us to render services and manage our organisation (in particular, ICT service providers, courier and postal companies);
- providers of legal and advisory services and services supporting us in pursuing due claims (in particular, law firms, debt collection companies);
- reinsurance undertakings, which will be engaged in the reinsurance of the risk assumed by us under the insurance agreement;
- healthcare providers who provide healthcare services under the insurance agreement.

As part of the coordination of the service provision, information concerning the Insured Party's health status, as well as the Insured Party's medical records that he/she has submitted to us or that we have obtained on the basis of his/her consent from the relevant healthcare institutions may be made available by LMG to healthcare institutions that provide healthcare services under the insurance agreement through a coordinator assigned to the Insured Party to support his/her hospitalisation and treatment.

Is my data transferred outside the European Union?

On account of the fact that we use services of other providers, e.g. ICT structure services, Insured Parties' personal data may be transferred outside the European Economic Area (which is composed of the EU Member States, Iceland, Norway and Liechtenstein). We assure you that in such an event the data will be transferred on the basis of relevant legal grounds, for example an agreement concluded between the Insurer and that entity, containing standard data protection clauses adopted by the European Commission, or on the basis of the European Commission's adequacy decision pertaining to data protection. In each such case, LMG guarantees that it carries out appropriate verification to ensure that the service provider to whom the personal data is transferred processes the same in a compliant and secure manner.

How long is my personal data processed for?

We store personal data for the duration of the insurance agreement and, after its termination, for the time necessary for the expiry of the time limits under the applicable legislation, including the Insurance Act. If we have processed data in order to pursue our claims (e.g. under debt collection proceedings), we process the data for the period of limitation of claims, in accordance with the provisions of the Civil Code. All data processed for accounting and tax purposes is processed by us for 5 years from the end of the calendar year in which the tax obligation arose.

Is the provision of data mandatory?

The use of insurance care is fully voluntary, but we are nevertheless obliged to identify the person submitting a claim with us. Refusal to provide personal data, to complete the above form, or to submit the necessary attachments may result in the claim being denied. The telephone number or e-mail address is provided on a voluntary basis – the absence of this data does not affect the provision of insurance care, but it will make it much more difficult for us to contact the eligible person in the claim processing process.

What rights does a data subject have?

As a data controller, we provide Insured Parties with the right of access to their data, as well as the right of rectification, erasure or restriction of processing of their data. Data subjects may also exercise the right to object to the processing of their personal data by LMG and the right to have their data transferred to another data controller. In order to exercise any of these rights, please contact us via the phone line or website, or contact our Data Protection Officer. Also, please be advised that data subjects may file a complaint with the authority supervising compliance with personal data protection regulations.

Definitions and abbreviations

GDPR – Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC; Insurance Act – the Act of 11 September 2015 on insurance and reinsurance activity.