

PMI Excess Claims Guideline Information

Key points:-

An Excess claim is most commonly applied to Consultation and Therapy benefits (particularly physiotherapy), but can in theory be in respect of any benefit covered by the cash plan in use.

We will pay benefit for a PMI excess but only out of the relevant benefit category under the cash plan and only up to the annual limit applicable. For example Consultation benefit is payable in respect of a consultant fees and physiotherapy is payable in respect of a physiotherapist fees.

We will not pay a claim for physiotherapy from the consultation benefit for instance.

It is important to ensure that the client is aware that there is **NOT** a separate pot of money for PMI excess.

PMI providers often levy an excess against treatment with Psychologists, psychotherapists and counsellors. While these practitioners will be amongst the most qualified in their field, payments to them are **not** covered under the Westfield plan. These practitioners are not recognised as Consultant Surgeons or Physicians.

However, a Consultant Psychiatrist, if a fellow or member of the Royal College of Psychiatrists, would be covered under the consultation benefit as they are recognised consultants and can prescribe medication.

Treatment is not normally covered under the cash plan **but** treatment with or under the care of a consultant **will be** covered but **only** when it is in respect of a PMI policy excess.

MRI/CT/PET Scans. Where the scanning benefit is included as a benefit they must use our Scanning Facilities in these instances and if the PMI excess charge they are incurring is **only** in respect of one of these scans, then we would not cover this excess under the cash plans.

However, if the MRI/CT/PET scan is part of a package of care, for example if the policyholder is due to be billed for further consultations or treatment, then we have said we **will** pay these PMI excess claims. This is because the excess has just been levied against the first invoice that the PMI insurance company has received and more invoices are yet to be received by them. It would be unfair to penalise the policyholder simply because the invoice for the MRI/CT/PET scan reached their PMI provider first.

NB. It is important that we receive evidence that excess payments for MRI/CT/PET scans are part of a wider package of care that would normally be covered otherwise the claim handler will cancel the claim as per the normal terms and conditions.

Under the **Mosaic** plan if the scanning benefit is **NOT** included as part of the cash plan then a PMI excess in respect of a scan can be claimed back via the consultation benefit.

Hospital charges such as room charges are not covered as there is no benefit available under the cash plan. A hospital may charge for treatment carried out and this will be covered in accordance with the note on treatment above.

How do we pay the claim?

To pay the claim, it is important that we receive the correct documentation.

We need to see:

1. A full receipt detailing the payment(s) and the date the payment was made. The receipt must name the person who has received the treatment together with the Consultant/Therapist name and qualifications. The receipt must show the date the treatment was received and a breakdown of the costs incurred.
2. A claim form completed and signed by the policyholder.

Please note that we do not accept:

photocopies of receipts, invoices without a supporting receipt or credit/debit card
receipts without an accompanying itemised receipt
receipts where only a part payment or deposit has been paid, including receipts showing a balance outstanding for payment
claims for payment(s) made in advance, unless the receipt also confirms that the treatment, goods or service has been received, and on what date(s)