

Global Health Plans

Application Form for Direct Billing Services

Please read and sign this form and return it to us by email, or post. You can find our contact details at the end of this form.

Introducing our direct billing services

Our direct billing services allow you to receive eligible treatment at medical facilities within our direct billing network. By eligible treatment, we mean treatment that is covered by your health plan, subject to the terms, conditions, and benefits limits set out in your plan agreement.

Use of our direct billing services is made possible by our network membership card. Simply present your network membership card, along with some photographic identification, at a participating medical facility and you will only need to contribute your excess (if applicable) towards the cost of any eligible treatment you receive. We will settle your bills directly with the medical facility.

To make use of our direct billing services, you will need to complete this application form. Please read the below information, terms, and conditions carefully, then sign the form and return it to us.

Seeking pre-authorisation for treatment

If the cost for your treatment is greater, or is likely to be greater, than US\$500, or if it is unclear whether the treatment you are seeking is eligible, the medical facility will need to pre-authorise the treatment with us before treating you.

We recommend that you call us in advance for all treatment. Once we have verified that the treatment is eligible, we will provide you with a letter for the medical facility confirming pre-authorisation of the treatment.

You can attend the medical facility directly and the facility will contact us for pre-authorisation. If the treatment you are seeking is not eligible, or if there is insufficient information for us to confirm that the treatment is eligible, we will not provide pre-authorisation and you will not be able to receive the treatment on a direct billing basis.

If you use direct billing services for ineligible treatment

You and any dependants have an obligation only to use your network membership card for eligible treatment covered under your health plan. If you are in any doubt about whether treatment is eligible, you should contact us before you seek treatment. It is very important that you and any dependants understand the obligations of using our direct billing services.

If you or any dependants present your network membership card for treatment that is not covered by your health plan, you will be liable for any costs incurred. This situation could arise if you use your network membership card to pay for the treatment of a medical condition that is not eligible for benefit under your health plan, or if the cost of treatment for a medical condition that is eligible for benefit exceeds the applicable benefit limits set out in your plan agreement.

As soon as we are made aware of an ineligible claim on your network membership card, we will contact you and ask you to repay the ineligible costs. If you fail to repay those costs, we will revoke your access to our direct billing services. We will also revoke your access to our direct billing services if you or any dependants make more than one ineligible claim, even if you have repaid the ineligible costs. In both cases, you will need to return your network membership card and those of any dependants.

This will then mean that all future claims must be submitted to our claims team for consideration. We reserve the right to take legal action in respect of any ineligible costs that you do not repay.

If you cancel your health plan

If you cancel your health plan, you must return by post/mail all network membership cards belonging to you and any dependants. We will cancel your health plan on the date we have received all of your returned network membership cards.

Upon receipt of your returned network membership cards, we will confirm whether any claims have been made against your plan. No refund will be made in respect of unused premium if you, or any of your dependants, have made a claim against your health plan. A pro rata refund will be paid in respect of unused premium only if no claims have been made against your health plan.

Submission of photographs

We require individual photographs of you and any dependants in JPEG format in order to produce your network membership cards. We cannot issue any cards until we have received suitable photographs. By submitting photographs, you give us permission to reproduce the images on the respective network membership cards.

Lost or damaged network membership cards

If you or any dependants lose or damage your network membership card, or if the network membership card is stolen, we will charge US\$10 for providing a replacement.

Declaration

Please read this section carefully and sign below.

- I hereby apply for direct billing services provided by William Russell Ltd. I understand that my application for direct billing services is subject to written acceptance by William Russell Ltd.
- I agree to submit a photograph in JPEG format for each person to receive a network membership card. I understand that this photograph will be reproduced on the network membership cards.
- I have read and I fully understand the important information provided above about the direct billing services provided by William Russell, and, in particular, I understand that I will be liable for the costs of any ineligible claims submitted on a direct billing basis at any medical facility within the direct billing network provided by William Russell Ltd.
- I agree to indemnify William Russell Ltd. and the insurers of my health plan in respect of any such ineligible claims.
- Should I wish to cancel my health plan, I understand that any refund due in respect of unused premium will be calculated from the date on which all network membership cards issued by William Russell Ltd. have been returned.
- I will ensure that all of my dependants (if applicable) are fully aware of the terms, conditions, and benefits of my health plan, including treatments and medical conditions that are not covered by my health plan or which are subject to certain limits, in order to avoid their incorrect claiming on their network membership cards.

Please return this form to us using the contact details below by post or email.

Digital signatures: We can accept signed and scanned copies of the form attached to an email as a PDF.

We can also accept a digital version of this form, provided you have typed your name below, and your email contains the following copy: "I, [your name], have signed the form myself, and I am happy to be bound by the terms of the plan/ agreement attached to this email." This needs to be sent from the same email address as stated on your form.

Name of applicant:

Signature of applicant: **Date:**

Please email your photograph(s) to enquiries@william-russell.com , stating your full name and plan number (if known).

William Russell Ltd.
William Russell House
The Square, Lightwater
Surrey, GU18 5SS, UK

T +44 1276 486455
E enquiries@william-russell.com
william-russell.com

William Russell Limited is authorised and regulated by the Financial Conduct Authority, reference number 309314. Registered in England and Wales, registration number 2687939. William Russell Limited arranges and administers insurance plans that are underwritten by AWP Health & Life SA, an Allianz group company registered in France, and Griffin Underwriting Limited.