**CLAIMS PROCEDURE**

1. **Before** you see your GP please contact the Northumbria Police Federation Office on 0191 4373000 and request a Consultation Claim Form.

2. If you think your GP considers it necessary to refer you, please ask him/her to complete the GP’s Referral Declaration Form attached to the claim form pack **AND YOU MUST RETURN THIS FORM TO THE FEDERATION OFFICE IMMEDIATELY.** (There is no automatic right to referral without your GP’s recommendation). Any costs incurred for completing this form by the GP will be borne by you.Your GP will then write a letter of referral to one of our healthcare providers using their own referral correspondence.

3. Any provider can be used as long as they are a recognised and accredited healthcare provider but of course subject to cost and on the agreement of the trustees as with all current treatments.

4. **There will be an initial £50 excess payment required at this stage when returning the GP Referral Form, together with Section 1 of the Claim Form. Payment can be made by cheque to The Northern Police Healthcare Scheme, cash or bank transfer directly into our bank account (details can be obtained from the Federation Office). Upon receipt of the excess payment all costs incurred for the consultation and any diagnostic tests will be met by Northumbria Police Federation. If payment is not received then any costs incurred will be your responsibility.**

5. Please ask the Consultant to complete Section 2 whilst you are at the Consultation. **It is your responsibility to retrieve the claim form from the Consultant and you return it to Northumbria Police Federation Office at the earliest opportunity;**

6. You can go ahead with any necessary diagnostic tests only at the consultation.

7. Once authorisation has been given, you can go ahead with the proposed treatment;

8. If you have had any tests, scans, x-rays etc. and you are required to see the Consultant again for the results, please contact the Federation Office and ask for another Consultation Claim Form to take with you and if further treatment is recommended, repeat the process as in clauses 5 and 7 above;

9. The scheme is a Discretionary Trust and not insurance-backed and is intended, where possible, to cover the cost of hospitalisation and specialist medical fees for treatment to cure or to alleviate acute medical conditions, both in-patient and outpatient. The scheme is not intended to provide for the cost of treatment or control of long term or chronic illnesses/conditions nor is it intended for long term monitoring;

10. If treatment is not authorised, neither the scheme nor the Trustees will be responsible for the payment of any costs incurred other than the reasonable cost of the initial consultation.