

Health4All

Health cash plan

Policy Details



In return for the payment of the correct premiums, Insured Persons are eligible for benefits provided by this policy in accordance with the terms of the policy and the following schedules:

Monthly Premiums

Including Insurance Premium Tax

Insured Persons	Bronze £	Silver £	Gold £	Platinum £	Diamond £
Personal Policies – cover policyholder only	5.98	13.78	23.80	32.50	39.95
Family Policies – cover policyholder, Partner and dependent Children	11.96	27.56	47.60	65.00	79.90

Benefit Schedule

Benefits		Maximum per Insured Person per Policy Year.				
		Bronze £	Silver £	Gold £	Platinum £	Diamond £
Dental:	100%	50	100	150	200	250
Dental Trauma:	100%	200	400	600	800	1,000
Optical:	100%	50	100	150	175	225
Diagnostic Consultation:	75%	100	175	250	400	650
Therapies: combined maximum benefit	75%	150	350	450	550	650
Chiropody, Homeopathy and Reflexology: combined maximum benefit	75%	50	75	125	175	225
Hospital In-Patient:	Per night	-	10	20	30	40
Hospital Day-Case Surgery:	Per event	-	10	20	30	40
Recuperation:	Lump sum	-	75	150	225	300
Maternity/Paternity: (adult only)	Per Child	-	75	150	225	300
Hearing Aids:	75%	100	150	300	500	750
Health Screening:	75%	50	75	125	175	250
NHS Prescription Charges/ Flu Vaccinations:	100%	25	25	25	25	25
Ear Wax Removal:	100%	50	50	50	50	50
Telephone Helpline: (adult only)	24 hour, 365 days a year telephone helpline Free 24/7 counselling and information line Confidential in the moment support and access to structured counselling					
GP Helpline and Private Prescription Service:	Access to a GP 24/7, 365 days a year Providing access to a qualified GP, 24/7 via a telephone or webcam consultation offering diagnosis, advice and reassurance on a range of medical matters. GP's can also authorise a private electronic prescription					

Where benefit is provided for Children the maximum amount is shared among all Children insured under the policy.

Policy Terms

Definitions

In this policy (except where the policy expressly provides otherwise), the following expressions have the meanings shown below:

Child(ren)

Any Child of Yours and/or Your Partner named in the policy schedule, who is below age 18 and permanently residing with You. Foster Children are excluded.

Dental Trauma

Means an unforeseen event caused directly by an accidental external impact which results in dental injuries.

Insured Person(s)

The person(s) insured under the policy as shown in the policy schedule. The total number of all insured Children will be classed as one Insured Person.

Partner

The one person named as such in the policy schedule, who is Your lawful spouse (or some other person who cohabits with You) and who permanently resides with You.

Policy Year

Is the period of 12 calendar months from the start date of Your policy or from an anniversary of that date. Your Policy Year will change if You change Your level of cover. The date of claim is deemed as:

1. the date of admission for hospital in-patient or hospital day-case surgery for which benefit is claimed;
2. the date of treatment on the receipted account for charges made for dental, Dental Trauma, optical, diagnostic consultation, therapies, reflexology, homeopathy, chiropody, health screening, NHS prescription charges, flu vaccinations, ear wax removal, or hearing aids;
3. the date of birth on the birth certificate(s) or the date of adoption of a Child qualifying for maternity/paternity benefit.

We/Us/Our

BHSF Limited.

You/Your

The policyholder and where applicable, any Partner or Children covered under Your policy.

Premiums and Benefits

This health cash plan policy operates on the basis that each calendar month a new contract is formed between Us and You. We do not issue monthly reminder notices.

Subject to the remainder of this section, the policy will remain in force for as long as premium payments are continued. The payment of benefits depends upon premiums being up to date at the time of the incident which gives rise to the claim.

Where Your employer is responsible for passing Us Your premiums, claim payments may be held if they are not received within a reasonable timeframe.

This policy will terminate when and if You cease employment with the employer through which it has been arranged. However, within 13 weeks of that happening You may apply for a new policy without any qualifying period applying.

We reserve the right to decline or cancel Your policy if:

- We suspect You did not tell the truth or, concealed information or failed to comply with the terms and conditions as more specifically set out in the General Condition 9; or

- You, anyone representing You, or anyone covered on Your policy, acts in a threatening or abusive manner towards a member of Our organisation, e.g. violent behaviour, verbal abuse, sexual, and/or racial harassment.

We reserve the right to vary the premiums, benefits or rules of this plan on giving You at least four weeks prior notice at Your last known address, or the email address registered to Your policy for:

- A change in applicable rate of Insurance Premium Tax.
- A change in Our expected claims experience.
- Changes to regulatory requirements or legislation.

All rights to benefit cease after the last day of the period covered by the final premium payment.

If a pandemic or UK epidemic is declared by the World Health Organisation, We may choose to offer policyholders a premium holiday. Please contact Our Helpdesk on 0121 454 3601 for details.

Age Limits

Cover, is provided to You if You are age 16 or above, at the time of Our receipt of an application for either a new policy or a change to the level of cover of an existing policy. The same age requirement applies to any Partner to be included. Children are covered until the date of their 18th birthday.

There is no upper age limit on this policy. Your policy will continue whilst You are employed with the employer through which it has been arranged, and will terminate once You leave Your employment

General Conditions

1. If You wish to make any change to the persons insured, then You should make an application to Us and, if the changes are agreed, a new policy schedule will be issued.
2. Premiums and claims are payable in sterling.
3. This policy is bound by English law and shall be subject to the rule of English Courts and the language We will use for communications purposes is English.
4. All persons insured under this policy must be normally resident in the United Kingdom.
5. Worldwide emergency cover is included in the policy in respect of emergency overnight admission to hospital, emergency dental treatment or emergency purchase of glasses which might be needed while a person insured under this policy is abroad in accordance with the respective policy terms. No other worldwide cover is included.
6. If You die, Your Partner, if insured under this policy, may apply for a new policy in their own name within 30 days of Your death, without any qualifying period applying.
7. A Child insured under this policy may, within 30 days of their 18th birthday, apply for a new policy in their own name without any qualifying period applying.
8. Transfer to a lower premium plan is not normally permitted.
9. The submission of a false or altered claim may result in cancellation of the policy and/or legal action against You. You are responsible for ensuring the accuracy of claims made under this policy.
10. Cooling off period – You have 14 days from the date We issue Your policy documentation to review it. If You are not satisfied with the policy, simply notify Us within the 14 days and We will cancel Your policy. Provided a claim has not been paid We will refund any premium collected. You can cancel Your policy at any time after the 14 day cooling off period with no premium refund. To cancel Your policy either call Our Helpdesk on 0121 454 3601, email Us at enquiries@bhsf.co.uk or write to Us at BHSF Limited, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE.
11. No sum payable under this policy shall carry interest.

Pre-Existing Conditions and Qualifying Periods

No hospital in-patient claim will be paid during the first two years of a new or upgraded policy in respect of any health condition, or related health condition, which existed or was being investigated before cover commenced. We may wish to verify medical information to support a hospital related claim.

Subject to this, and to the terms of this policy, Insured Persons become eligible for benefit after 13 weeks from the start date of the policy with the exception of maternity/paternity benefit which is subject to a 10 month qualifying period. No benefit will be paid in respect of treatment commenced during the qualifying periods, irrespective of the future duration of that course of treatment.

The GP helpline and private prescription service, and the telephone helpline are available from the start date of the policy. If an Insured Person is admitted to hospital as an immediate casualty patient following an accident, the requirement for the completion of the qualifying period for hospital in-patient shall not apply.

If You have upgraded Your policy to a higher level of cover, then for the following 13 weeks (10 months for maternity/paternity) benefits are restricted to that which would have been payable under the previous level of cover; treatment commenced during this 13 week (10 months for maternity/paternity) period will be regarded as if the previous level of cover was still operative, irrespective of the future duration of that course of treatment.

What Is Covered

Dental

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year for dental examination, dental treatment and dentures provided by a qualified dental practitioner who is on the Registers of the General Dental Council. Medical PPE is payable provided that it is required to undergo the treatment.

Benefit is not payable:

1. *for any prescription charges*
2. *for consumables such as toothbrushes, toothpaste, etc.*
3. *for veneers or whitening procedures*
4. *for premiums in respect of any form of dental insurance, dental care contract schemes or for any dental administration fees*
5. *for mouth guards used for engaging in sporting activities*
6. *for additional medical PPE purchased but not required to undergo treatment.*

Dental Trauma

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year. The benefit may be claimed for dental examination and treatment costs to teeth and gums, provided by a qualified dental practitioner who is on the Registers of the General Dental Council, required as a result of Dental Trauma (an unforeseen event caused directly by an accidental, external impact which results in dental injuries).

Benefit is not payable:

1. *for denture replacements*
2. *for mouth guard or gum-shield replacements*
3. *for any injury incurred as a result of the influence of alcohol or drugs*
4. *for the cost of any routine dental treatment and examinations*
5. *for injuries incurred whilst participating in a contact sport where the appropriate mouth guard was not in place*
6. *for veneers or whitening procedures*
7. *for damage to teeth caused entirely due to pre-existing deterioration and not related to the injury claimed to have caused, or aggravated the condition*
8. *for damage caused to teeth whilst eating.*

Optical

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year. The benefit may be claimed for:

- 1 sight tests
- 2 spectacles
- 3 lenses
- 4 contact lenses
- 5 laser eye surgery
- 6 medical PPE as required as part of Your treatment only
- 7 prescription goggles/glasses used for engaging in sporting activities.

All of the above should be supplied or provided at the patient's cost for which the net payment is made directly to a qualified optical practitioner registered with the General Optical Council. Laser eye surgery should be performed by a registered laser eye clinic.

Benefit is not payable:

1. *for frames only, cleaning solutions and sundries*
2. *for cataract surgery*
3. *for spectacles or lenses purchased under an optical care contract scheme*
4. *for sunglasses other than prescription sunglasses*
5. *for protective eyewear used in employment.*

Diagnostic Consultation

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year in respect of diagnostic consultations by a medical or surgical specialist holding consultant status in an NHS or registered private hospital, described as such by the Care Quality Commission, on the recommendation of the Insured Person's General Practitioner.

Within the maximum limits stated, scans and tests used by the consultant which are required as part of the diagnostic process are covered.

Benefit is not payable:

1. *for consultations in connection with pension, insurance, emigration or employment matters or for legal or industrial actions*
2. *for the cost of any treatment*
3. *for the cost of room charges*
4. *for health screening*
5. *for consultations which are covered under 'Therapies', below*
6. *for follow up consultations which do not form part of the initial diagnostic process*
7. *for scans or tests referred or requested by Your GP*
8. *for pregnancy related scans performed in an antenatal clinic.*

Therapies

Benefit is payable according to the benefit schedule up to the combined maximum benefit per Insured Person in each Policy Year, in respect of the following treatment:

1. **Physiotherapy treatment** including orthotics provided by a qualified practitioner who is on the Register of Physiotherapists of the Health and Care Professions Council (HCPC)
2. **Osteopathic treatment** including orthotics provided by a qualified practitioner registered with the General Osteopathic Council (GOsC)
3. **Chiropractic treatment** including orthotics provided by a qualified practitioner registered with the General Chiropractic Council (GCC)
4. **Acupuncture treatment** provided by a professionally qualified and registered acupuncturist who is a member of, registered with, or licenced by one of the following organisations:
 - British Medical Acupuncture Society (BMAS)
 - British Acupuncture Council (BAcC)
 - Acupuncture Association of Chartered Physiotherapists (AACP)
 - British Academy of Western Medical Acupuncture (BAWMA)
 - Chinese Medical Institute and Register (MCMIR)
 - Acupuncture Foundation Professional Association (AFPA)
 - Licenced Acupuncturist (Lic Ac)

- Association of Traditional Chinese Medicine and Acupuncture UK (ATCM), for practitioners with the prefixes FM, CA, CB and CC
- British Acupuncture Federation (BAF)
- British Acupuncture Association (BAA)

Benefit is not payable:

1. *in respect of treatment by practitioners other than as defined above*
2. *for treatment which is not directly provided by the practitioner on a one-to-one basis*
3. *for acupuncture treatment used for cosmetic purposes*
4. *for sports massage*
5. *for any sundry items such as, but not limited to, creams and gels etc.*

Chiropody, Homeopathy and Reflexology

Benefit is payable according to the benefit schedule up to the combined maximum benefit per Insured Person in each Policy Year, in respect of the following treatment:

1. **Chiropody treatment** including orthotics provided by a qualified chiropodist or podiatrist who is a member of a body regulated by the Health and Care Professions Council (HCPC).
2. **Homeopathy treatment** provided by a professionally qualified and registered homeopath who is a member of, or registered with one of the following organisations:
 - Homeopathic Medical Association (MHMA)
 - Society of Homeopaths (RSHom)
 - Alliance of Registered Homeopaths (MARH)
 - Faculty of Homeopathy (MFHom)
 - Federation of Holistic Therapists (FHT)
3. **Reflexology treatment** provided by a professionally qualified and registered reflexologist who is a member of, or registered with one of the following organisations:
 - Member/Associate Member of the Association of Reflexologists (AMAR/AOR)
 - Fellow of the British Reflexology Association (FBRA)
 - Member of the Association of Reflexologists (MAR)
 - Member of the British Reflexology Association (MBRA)
 - International Institute of Reflexology registered (IIR)
 - International Federation of Reflexologists (MIFR)
 - Complementary and Natural Healthcare Council registered (CNHC)
 - The Federation of Holistic Therapists (FHT)
 - The Complementary Therapists Association (CThA)

Benefit is not payable:

1. *in respect of treatment by practitioners other than as defined above*
2. *for treatment which is not directly provided by the practitioner on a one-to-one basis*
3. *for homeopathic medicines or remedies*
4. *for any sundry items such as, but not limited to, creams and gels etc.*

Hospital In-Patient

Hospital in-patient benefit may be claimed according to the benefit schedule on discharge from, or after 30 nights stay in, an NHS or registered private hospital or hospice, described as such by the Care Quality Commission, per Policy Year, whichever is the sooner. A maximum of 30 nights benefit may be claimed in each Policy Year per Insured Person. If the maximum benefit has been paid for an Insured Person in a Policy Year, he/she must have been discharged for a period exceeding one month before payment for a consecutive Policy Year commences.

Benefit is restricted to a maximum of 20 nights per Policy Year of the 30 nights overall limitation for treatment in hospitals outside the United Kingdom.

Benefit is not payable:

1. *in respect of cosmetic surgery, stays in a home for the elderly, health clinic, nursing home, hydrotherapy centre or similar institution or for residential stays in hospital for domestic reasons*
2. *in respect of any period of home leave during a period of hospital in-patient treatment*

3. *in respect of a pregnancy or any condition associated with a pregnancy which existed at the start date of this policy*
4. *for hospital stays during which a birth occurs or which immediately follows a birth except:*
 - 4.1 *if in-patient treatment for the insured mother continues beyond six consecutive nights in which case hospital in-patient benefit for the mother may be claimed from the seventh night onwards*
 - 4.2 *if in-patient treatment for the insured Child continues after the date on which the mother is discharged, then hospital in-patient benefit for the Child may be claimed from the birth date of the Child*
5. *if not admitted to a ward.*

Hospital Day-Case Surgery

Benefit is payable at the appropriate daily rate according to the benefit schedule for up to 10 occasions in each Policy Year per Insured Person following admission to an NHS or registered private hospital, described as such by the Care Quality Commission for pre-arranged day-case surgery, including endoscopic procedures. This surgery must be performed under sedation or general/local anaesthetic and must be carried out in the hospital where no overnight stay is included.

Benefit is not payable:

1. *in association with a claim for hospital in-patient benefit*
2. *in respect of cosmetic surgery, sterilisation, vasectomy, fertility treatment, pregnancy termination and outpatient treatments*
3. *for injections administered for the relief and/or control of pain.*

Recuperation

Benefit is payable according to the benefit schedule **once** in each Policy Year per Insured Person. It is paid automatically with an eligible claim for hospital in-patient benefit for at least 10 consecutive nights. (No separate claim need be made.)

Maternity/Paternity

Benefit is payable according to the benefit schedule once in each Policy Year for the birth of Your Child or Children. Multiple births qualify for a multiple of the applicable payment. The amount is also payable for Children under the age of three that You legally adopt. The benefit according to the benefit schedule is only provided to the policyholder, even where both parents are insured under this policy.

A **copy** of the birth certificate or the legal adoption papers must be attached to the claim.

Benefit is not payable:

In respect of any birth or adoption which occurs within 10 calendar months of the start date of this policy.

Hearing Aids

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year for new hearing aids supplied by a registered hearing aid dispenser who is on the register of the Health and Care Professions Council (HCPC).

Benefit is not payable:

1. *for hearing aid contract schemes*
2. *for replacement batteries*
3. *for repairs.*

Health Screening

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year, for health screening performed in a hospital or health screening centre by medically qualified staff, for screens that include a medical consultation by a doctor or consultant, such as Bupa Be.Reassured, Bupa Be.Ahead, Nuffield Pro scans, or the like. Mammography, osteoporosis and heart disease screening is also payable.

Benefit is not payable:

1. for any screening other than as stated above (and specifically not for tests carried out at a retail outlet, health club, fitness centre or the like)
2. for screening or examinations in respect of pension, insurance, emigration, or employment matters or for legal or industrial actions
3. for Bupa Be.Motivated and Nuffield Life scans.

NHS Prescription Charges/Flu Vaccinations

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year, for the cost of NHS prescription charges, or flu vaccinations carried out by one of the below practitioners:

- A pharmacist registered with the General Pharmaceutical Council (GPhC)
- A nurse registered with the Nursing & Midwifery Council (NMC)
- A doctor registered with the General Medical Council (GMC)

Benefit is not payable:

1. in respect of prescription prepayment certificates
2. for private prescriptions
3. for any vaccination other than influenza.

Ear Wax Removal

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year, for ear wax removal carried out by one of the below practitioners at clinical premises.

- A pharmacist registered with the General Pharmaceutical Council (GPhC)
- An audiologist registered as a Hearing Aid Dispenser with the Health and Care Professions Council (HCPC)
- An audiologist registered with the British Society of Audiology (BSA)
- A nurse registered with the Nursing & Midwifery Council (NMC)
- A doctor registered with the General Medical Council (GMC)

Benefit is not payable:

1. for treatment by a practitioner other than those listed above
2. for treatment in Your home.

Telephone Helpline

Benefit is the provision of a 24 hour, 365 days a year helpline providing access to;

- Full clinical assessment conducted upon initial engagement.
- In the moment support in areas related to stress, anxiety, crisis, addiction and more.
- Up to six sessions of structured telephonic counselling.
- Six sessions are based on one presenting issue over a rolling 12-month period.
- Available to policyholders and insured Partners.
- All counsellors have 5+ years post qualification experience and are accredited by the relevant professional bodies.

Please note it may be necessary to signpost in instances where the helpline is not able to support directly.

GP Helpline and Private Prescription Service

Access to a GP 24/7, 365 days a year

- Telephone Helpline - 24/7, 365 days a year access to a qualified GP, offering diagnosis, advice and reassurance on a range of medical matters
- Online Doctor - a face-to-face webcam consultation service, allowing the doctor to see more precisely where pain or injuries lie in order to assist with diagnosis and advice
- Private Prescription Service - doctors can authorise a private electronic prescription. An online pharmacy then contacts You to take payment and arrange delivery of the medication.

How To Claim

For the telephone helpline:-

For confidential emotional support when You need it most call **0800 107 6145**. Please have Your policy number to hand.

For the GP helpline and private prescription service:-

To access the GP Helpline, call **0345 303 7417** and advise if You would prefer to schedule a telephone call or webcam consultation with a GP. Please ensure You have Your policy number to hand.

For all other benefits the following applies:-

1. You can get a claim form from Our website www.bhsf.co.uk, or by calling Our Helpdesk on 0121 454 3601. By registering for Our customer portal You can claim online for certain benefits.
2. The completed claim form with detailed **original** receipts (showing the date of the consultation, treatment or service provided, and the name of the person for whom charges were made directly by the practitioner or service provider) must be received by Us within 26 weeks of:
 - a) the date of discharge of the hospital in-patient, or
 - b) the date of hospital day-case surgery, or
 - c) the date of treatment on the original receipted account for consultation and associated charges, or
 - d) the date of treatment on the original receipted account for other charges made; where such treatment continues over an extended period then claims need to be submitted periodically, at intervals not exceeding 26 weeks, or
 - e) the date of birth on the **copy** birth certificate(s) or the date of adoption.
3. Receipts are retained by Us and become Our property.
4. Insured Persons will authorise the disclosure of any medical or other information relevant to their claim which is required by Us.
5. Benefit may not be claimed from **all** insured sources for more than the total cost of consultation and associated fees nor for more than the total cost of defined therapy, hearing aids, dental, Dental Trauma, chiropody, homeopathy, reflexology, health screening, NHS prescription charges, flu vaccinations, ear wax removal, or optical treatment. In the event of dual insurance the benefit will be restricted to the amount not recoverable from the other source or sources.
6. Credit/Debit card receipts are not accepted.

Benefit is only payable in respect of expense which is the direct responsibility of an Insured Person.

Payment of benefit is always made direct to the policyholder.

Before committing Yourself to treatment, if You have any question about the validity of a likely claim covered under this plan then please visit Our website at www.bhsf.co.uk or call Our Helpdesk on 0121 454 3601.

Fraud

You must not act in a fraudulent manner. If You or anyone acting for You:

- a) makes a claim under the policy knowing the claim to be false or exaggerated in any respect, or
- b) makes a statement in support of a claim knowing the statement to be false in any respect, or
- c) submit a document in support of a claim knowing the document to be forged or false in any respect, or
- d) makes a claim in respect of any injury caused by a deliberate act or with the aid of an Insured Person.

Then:

- a) We shall not pay the claim.
- b) We shall not pay any other claim for that Insured Person which has been or will be made under the policy.
- c) We may at Our option declare the policy void.
- d) We shall be entitled to recover from You the amount of any false or altered claim already paid under the policy.
- e) We shall not make any return premium.
- f) We may inform the Police of the circumstances.

Customer Care

We continually strive to provide Our customers with outstanding value health cash plans and excellent service. If You have a comment about Your policy, a claim You have submitted or the service We have provided, please contact Us via Our Helpdesk on 0121 454 3601, Our email address at enquiries@bhsf.co.uk, or write to Us at BHSF Limited, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE.

In the event of a complaint, You should write to BHSF Limited, 13th Floor, 54 Hagley Road, Birmingham, B16 8PE, email Us at enquiries@bhsf.co.uk or call Us on 0121 454 3601, quoting Your policy number. If You are not satisfied with the way Your complaint is dealt with You may refer it to the Financial Ombudsman Service, whose details will be provided in Our response to You.

The Financial Ombudsman Service will only consider Your complaint if You have first addressed the matter through Our complaints process and received Our response.

Protecting Your Data

At BHSF We are committed to protecting Your personal data and process it in accordance with all applicable data protection laws. Our aim in processing Your personal data is to deliver the best possible service to You whilst recognising the need to protect Your fundamental right to privacy.

We use Your personal data for such things as risk assessments, research and statistical purposes, claims handling and for the general administration of Your policy. For further information about how We handle Your personal data and Your rights please read Our privacy statement at www.bhsf.co.uk/privacynotice.

Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. Compensation from that scheme may be payable if We are unable to meet Our obligations (e.g. if We go out of business or into liquidation or are unable to trade). Entitlement depends on the type of business and the circumstances of the claim.

Further information about the scheme is available on the FSCS website www.fscs.org.uk

BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority.

BHSF Limited
13th Floor
54 Hagley Road
Birmingham
B16 8PE
Email: Enquiries@bhsf.co.uk
Tel: 0121 454 3601 (Helpdesk)
0121 629 1297

Helpdesk opening hours: 8:45am-5:30pm Monday-Friday (Excluding Bank Holidays)

Calls are recorded and may be monitored for training and security purposes.

Signed for and on behalf of BHSF Limited



Geoff Guerin
Chief Operations Officer



The latest version of Your policy terms can always be found online at www.bhsf.co.uk. You will need to register and create an account. You can do this at <https://online.bhsf.co.uk/portal/customer/register>

Glossary

Term used	Explanation
Acupuncture	A traditional Chinese medicine using needles to target pain relief
Ante-Natal	During or relating to pregnancy
Cataract	A medical condition of the eyes
Chiropody	Specialist care of the feet
Chiropractic	A system of medicine based on the manipulative treatment of joints that are not in line
Consultation	A meeting with an expert such as a doctor
Diagnostic	Relating to the diagnosis of an illness/condition
General Practitioner (GP)	A doctor based in the community who treats patients with minor/moderate and chronic illnesses
Homeopathy/Homeopathic	A course of treatment where patients are treated with small doses of a substance that would cause the original medical issue
Mammography	A technique using X-rays to diagnose tumours of the breast
Optical	Relating to sight/the eyes
Osteopathic	Relating to the treatment of medical problems through massage of the skeleton and muscles
Osteoporosis	A medical condition in which the bones become brittle
Physiotherapy	The treatment of illness or injury by physical means such as massage and exercise
PPE (Personal Protective Equipment)	This could be plastic aprons, face masks/shields, gloves, or the like, provided by the practitioner for either their, or Your use while attending Your appointment
Practitioner(s)	A medical professional practising in a specialised field
Prescription	An instruction written by a medical practitioner that authorizes a patient to be issued with a medicine or treatment
Reflexology	A therapy that applies gentle pressure usually to the feet or hands to stimulate energy flows within the body
Veneers	A tooth covering, usually made from porcelain