

# A GUIDE TO MEMBERSWORLD

- GETTING STARTED
- MAKING CLAIMS
- CHECKING CLAIMS  
PROGRESS
- SUBMITTING PRE-  
AUTHORISATION  
REQUESTS



# WHAT CAN YOU DO ON MEMBERSWORLD?



Submit claims and  
pre-authorisation  
applications



See overview  
of plan benefits /  
benefit usage



View and download  
key plan documents  
and forms



Download temporary  
membership  
cards and order  
replacement cards

# WHO CAN USE MEMBERSWORLD?



## Adult policyholders

can set up accounts for themselves, and can manage their dependants' policies from within their own accounts. If they have brokers, they can grant permission for the brokers to view policy and claims details.



## Adult dependants

can create their own accounts and grant permission to the policyholder to view and manage their policies, and/or brokers to view their policy and claims details



## Members under 16 years old

can call customer support to administer their account activities, and their activity will also show up automatically in the policyholder's account, within Manage Your Plan > Plan Dependants Overview.

# HOW TO SET UP AN ACCOUNT ON MEMBERSWORLD



# REGISTERING FOR MEMBERSWORLD: OVERVIEW



## If you had an account on original MembersWorld

- **Sign in** with your usual login
- Your account information, 12 months activity history, all active claims or pre-authorisations will be available
- You will be prompted to upgrade your login credentials



## New users

(or users who've forgotten their login for original MembersWorld)

- **Follow the Registration link** and provide a few details
- You will need to provide some personal / policy information

HAD AN ACCOUNT ON ORIGINAL DETAILS?

# STEP 1: USE YOUR EXISTING LOGIN DETAILS



Sign in

If this is your first time on our new site, you can still sign in with your old credentials or register below.

Please enter your username

Problems logging in?

Next

Register for MembersWorld

**Sign in** with your usual login

**Can't remember your details?**  
Register as a new user

**Don't worry!** You won't lose any account details

You will be **prompted to upgrade** your login credentials

**Your details are not recognised?**  
Register as a new user

**Don't worry!** You won't lose any account details

Login is changing

Even if you're a member, we need you to update your username and password for security.

Continue

# STEP 1: REGISTER WITH MEMBERSHIP DETAILS



The screenshot shows a 'Sign in' page with a header containing 'View FAQs' and 'Live chat' links. The main text says 'Sign in' and provides instructions for first-time users. There is a text input field for 'Please enter your username' and a link for 'Problems logging in?'. A blue 'Next' button is at the bottom, with a 'Register for MembersWorld' link below it.

## Register for MembersWorld.

Have an account on the old MembersWorld but **can't remember your details?** Simply register as a new user.

**Don't worry!** You won't lose any account details

Enter details from your most recent Membership Certificate or letter.

- *Enter dates as DD MM YYYY*
- *Tick to agree to T&Cs & privacy notice*

Details must be exactly as shown on your membership

The screenshot shows a 'Register' page with a 'View FAQs' link. It instructs users to enter details from their latest membership certificate. There are input fields for 'Membership number' (with a hint 'B1 - 0000 - 0000'), 'Surname', and 'Date of birth' (with a hint 'DD MM YYYY'). A checkbox for 'I agree to the Terms and Conditions and Privacy Notice' is present. At the bottom are 'Continue' and 'Cancel' buttons.



# STEP 2: CREATE YOUR USERNAME, VALIDATE YOUR EMAIL ADDRESS AND CREATE YOUR PASSWORD

Create Username

All MembersWorld accounts must have a unique email.

Please enter an email address to use as your username, and to receive your password if required.

Email address  
demo@bupa.com

Send verification code

Cancel

Retrieve the verification code from your email  
(Top tip: copy and paste it)

**NOTE: Code expires in 5 minutes. Click send new code for another**

Create Password

Your password must have 8-30 characters and include an uppercase letter, a lowercase letter, a number and a special character.

Password

Confirmed password

Continue

Cancel

Enter an **email address** to use as your username  
(This email address can only be used for **one** MembersWorld account)

Create Username

All MembersWorld accounts must have a unique email.

Verification code has been sent to your inbox. Please copy it to the input box below.

Email address  
demo@bupa.com

Verification code  
123456

Send new code

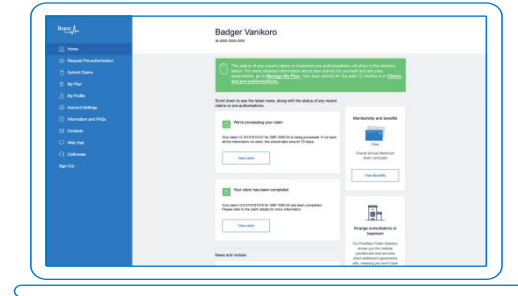
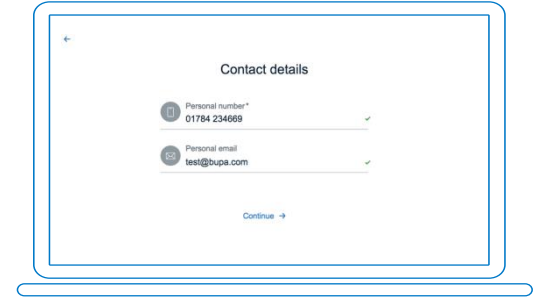
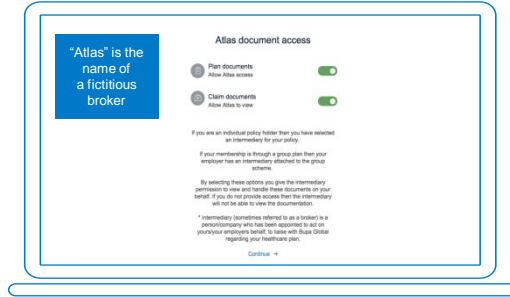
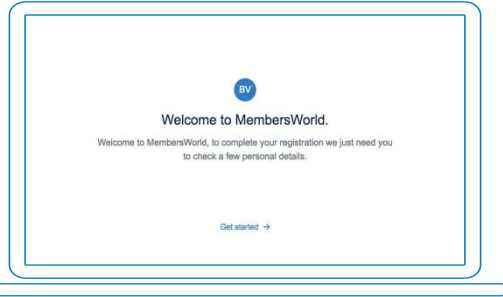
Verify code

Cancel

Choose a password with 8-30 characters, including one uppercase, one lowercase, one number, one symbol (&, %)



# STEP 3: CONFIRM A FEW DETAILS TO COMPLETE YOUR REGISTRATION



ALREADY HAVE A MEMBERSWORLD ACCOUNT?

# CAN'T REMEMBER YOUR PASSWORD? NO PROBLEM



The screenshot shows the 'Sign in' page of the MembersWorld website. At the top right, there are links for 'View FAQs' and 'Live chat'. The main heading is 'Sign in'. Below it, a message states: 'If this is your first time on our new site, you can still sign in with your old credentials or register below.' There is a text input field labeled 'Please enter your username' and a link below it that says 'Problems logging in?'. At the bottom, there is a blue button labeled 'Next' and a link that says 'Register for MembersWorld'.

Click **Problems logging in?**

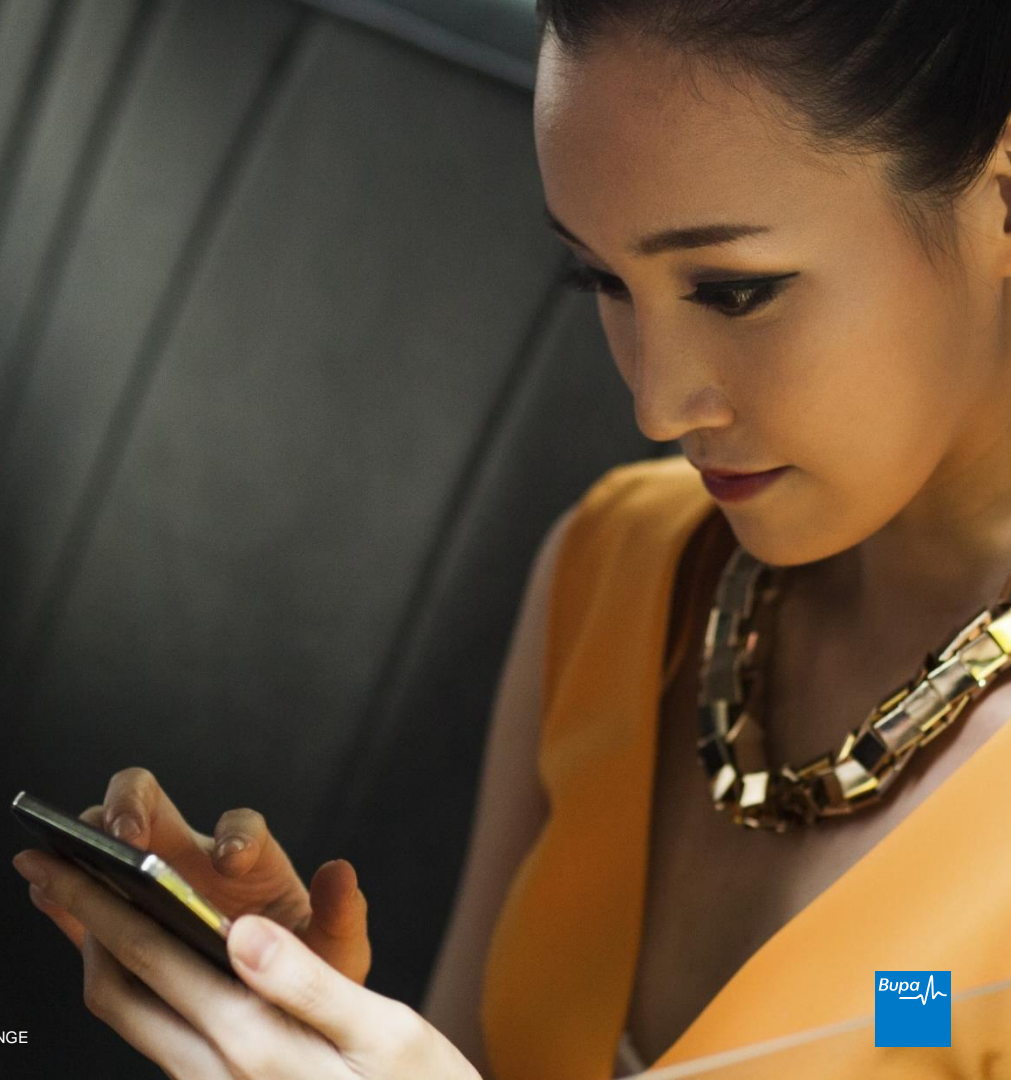
Enter the email address used to register for MembersWorld to receive a verification code.

(Top tip: copy and paste it)

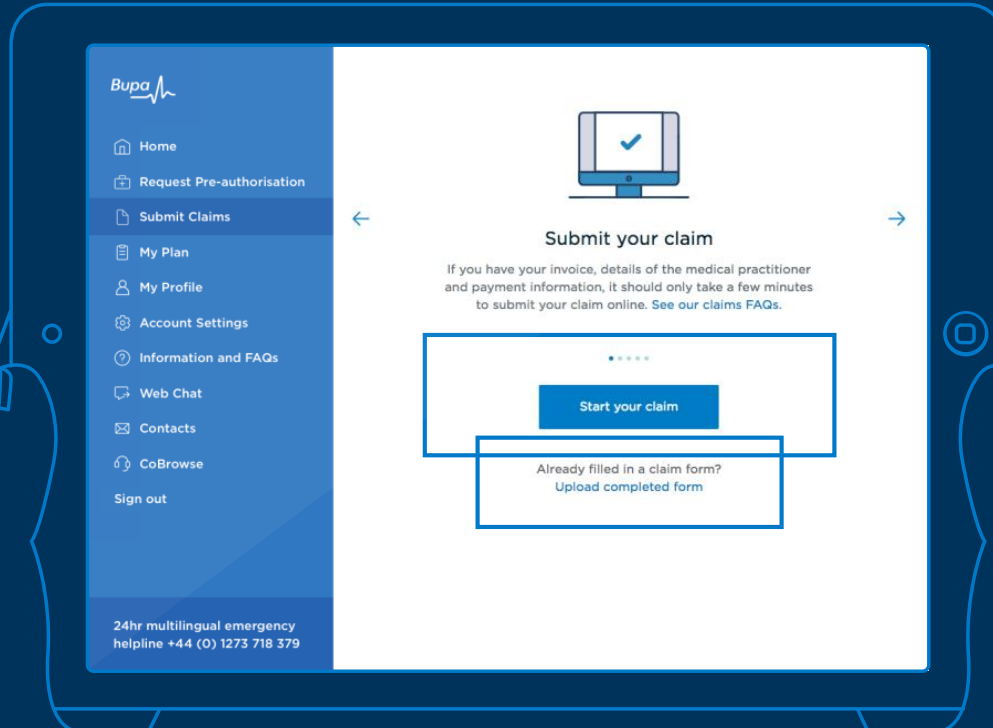
Enter a new password.

The screenshot shows the 'Reset your password' page. The heading is 'Reset your password'. Below it, a message says: 'Please enter the email address that is registered as your username.' There is a text input field labeled 'Email address'. At the bottom, there is a blue button labeled 'Send verification code' and a link labeled 'Cancel'.

# SUBMITTING CLAIMS ON MEMBERSWORLD



# SUBMITTING CLAIMS: AN OVERVIEW



**Submit  
online claim  
application**

Option 1

**Upload a  
completed  
claim form**

Option 2

## OPTION 1

# SUBMIT AN ONLINE CLAIM APPLICATION

## SUBMIT ONLINE CLAIM APPLICATION

# STEP 1: ENTER YOUR PERSONAL DETAILS

You can complete your claim application from start to finish online if you have the necessary information and the receipts and other documentation to support it. You can now upload these from your mobile phone camera for ease.

Please note the policyholder must submit claim applications for dependants under 16.

Also, only the policyholder can submit claims on behalf of other policy members.

< Back

### Submit Claim

Step 1 About the patient

\* Indicates required field

**Patient name**  
More information  
Select the patient

**Preferred mailing address \***  
More information  
Select postal / mailing address

**Preferred email address**  
More information  
your-email@address.com

**Preferred contact telephone number**  
More information  
+ (99) 1234 5678

**What was the reason for the appointment or procedure?\***  
More information  
E.g. back pain, throat infection

0500

Cancel Continue

- Select Patient name
- Select Preferred mailing address
- Enter the reason for the medical appointment or procedure

## SUBMIT ONLINE CLAIM APPLICATION

# STEP 2: TREATMENT / CONSULTATION DETAILS

1. Add your treatment / appointment date
2. Tick **Yes** if your treatment required admission to a medical facility or hospital. If not, tick **No**

If **Yes**, add your:

- a) hospital admission date
- b) hospital discharge date

3. Choose your **claim type**

**Submit Claim**  
Step 2 Treatment / Consultation details

\*This field is required

**Treatment / consultation date\***  
More information  
23 04 2018

**Did the treatment require admission to a medical facility as an in-patient?\***  
More information  
☒ Yes ☐ No

**What was the hospital admission date?\***  
More information  
DD MM YYYY

**What was the hospital discharge date, or the last date of the hospital stay that this claim is for?\***  
More information  
DD MM YYYY

**Is this claim for medical or dental treatment? \***  
More information  
☐ Dental ☒ Medical

## SUBMIT ONLINE CLAIM APPLICATION

# STEP 2: TREATMENT / CONSULTATION DETAILS

4. Choose or enter the **best description** of your treatment
5. Select **country** where the treatment took place
6. Let us know **who** provided the treatment

The image displays two smartphone screens side-by-side, illustrating the online claim application process. The left screen is for a Dental claim, and the right screen is for a Medical claim. Both screens show a form with radio buttons for 'Dental' and 'Medical'. The Dental screen shows the 'Dental' option selected, and the Medical screen shows the 'Medical' option selected. The form includes fields for 'Which best describes the dental treatment?' (Dental accident or injury), 'In which country did the treatment take place?' (France), and 'Who provided the treatment or consultation?' (Dr Bruno Giles at Cabinet Dentaire). The Medical screen shows the 'Medical' option selected, and the form includes a field for 'Please describe the medical procedure or appointment that this claim is for.' (Steroid injection), 'In which country did the treatment take place?' (United States of America), and 'Who provided the treatment or consultation?' (Dr D. McCoy at the General). Both screens have 'Cancel' and 'Continue' buttons at the bottom.

**4**

**5**

**6**

DENTAL

MEDICAL



## SUBMIT ONLINE CLAIM APPLICATION

# STEP 3: PAYMENT DETAILS

1. Select the currency of the invoice
2. Input the claim amount
3. Choose **Yes** if we should pay the medical provider directly (i.e. if they haven't yet been paid)  
**OR**  
3. Choose **No** if you want us to pay you instead (you have already settled the bill and want to be reimbursed)
4. Select the currency in which you would like to be reimbursed and choose bank account details or add a new account

The image shows two smartphone screens displaying the 'Your claim application' form for Step 3: Payment details. The left screen shows steps 1, 2, and 3, while the right screen shows steps 3 and 4. Numbered callouts 1 through 4 point to the respective fields on the screens.

**Left Screen (Steps 1, 2, 3):**

- 1:** Select the currency of the invoice. Field: "What is the currency of the invoice?\*" (More information). Value: Euro.
- 2:** Input the claim amount. Field: "What is the amount you are claiming for?\*" (More information). Value: EUR 3,500.
- 3:** Choose **Yes** if we should pay the medical provider directly (i.e. if they haven't yet been paid). Field: "Should we pay the medical provider directly?\*" (More information). Value: Yes.

**Right Screen (Steps 3, 4):**

- 3:** Choose **No** if you want us to pay you instead (you have already settled the bill and want to be reimbursed). Field: "Should we pay the medical provider directly?\*" (More information). Value: No.
- 4:** Select the currency in which you would like to be reimbursed and choose bank account details or add a new account. Field: "Preferred currency for payment\*" (More information). Value: Great British Pound.

Both screens show a "Continue" button at the bottom right and a "Cancel" button at the bottom left.

## SUBMIT ONLINE CLAIM APPLICATION

# STEP 4: UPLOAD YOUR DOCUMENT OR SAVE YOUR COMPLETED FORM

### 1. Upload documents

- Upload electric copies of all documents related to your claim, such as receipts and prescriptions
  - You can upload saved files, or use photo upload from your camera
  - Click **Next Step** to proceed
- OR**
- save your claim form, with the information you have, to upload later

### 2. Choose/confirm consents

- Tick **Yes** to give us consent to receive your medical reports or we cannot accept the online claim
- Indicate whether you would like to see a copy of the medical reports before Bupa does

The image displays two smartphone screens side-by-side, illustrating the steps of an online claim application. A large blue number '1' is placed between the two screens, and a large blue number '2' is placed to the right of the second screen.

**Screen 1: Your claim application**

Upload your documents

Please upload electronic copies of the following documents. Each file can be a JPG or PDF of up to 5MB. The total of all files must be less than 20MB. How do I do this?

Drag your file here or Add another file

claim\_form PDF (240kb)

You can also print or save your claim form with the information you've entered, to upload it when you have your documents to hand.

Download a blank claim form to complete

Cancel Next step

**Screen 2: Your claim application**

Step 5: Consents

\*This is a required field

Please read this section carefully, as it sets out your rights under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (NI) Order 1997.

Do you give Bupa consent to receive your medical reports, if required?

More information

☒ Yes ☐ No

Would you like to see a copy of the medical reports before we do?

☐ No

The report will then be sent directly to us by the doctor. You can change your mind by contacting your doctor before the report is sent to us, in which case you will have the opportunity to see the report and ask the doctor to change the report or add your comments before it is sent to us, or without your consent for its release.

☒ Yes

You will have 21 days, after we notify you that we have requested a report from the doctor, to contact your doctor to make arrangements to see the report. If you fail to contact the doctor within 21 days, he will be entitled to send the report direct to us. If however you contact your doctor with a view to seeing the report, you must give the doctor written consent before he can release it to us. You may ask your doctor to change the report if you think it is misleading. If your doctor refuses, you can insist on adding your own comment to the report before it is sent to us.

## SUBMIT ONLINE CLAIM APPLICATION

# STEP 5: SUMMARY, DECLARATION AND SUBMISSIONS

1. Review the summary of your claim information
2. Read the Privacy Policy
3. Tick to give your consent
4. Click **Submit** to complete the claim

**Your claim**  
Summary and Declaration

Please check this summary and confirm that your claim details are true to your most up-to-date understanding. False information may delay your authorisation.

**About the patient**  
Edit details ✓

Patient Name	Mr Badger Vankoro
Correspondence Address	1 Main Street London SE1 1EH United Kingdom
Preferred email address	bad@bupa.com
Preferred contact telephone number	01784 234569
Diagnosis	Treatment

**Treatment Details**  
Edit details ✓

Treatment start date	23 April 2018
Referral hospital status	Not submitted
Dental treatment	Yes
Treatment required	Routine (i.e. root canal, fillings, extractions)
Country of treatment	United Kingdom
Treatment provider	Mr Campbell at Q&S Dental

**Privacy Policy**  
Please read the Privacy Policy and confirm below, you give explicit consent, within the provisions of the Data Protection Act 1998, to process your personal information with respect to this claim.

☒ I confirm that I give explicit consent.

By clicking 'Submit' I confirm that:  
The information I have given on this form is accurate and correct, to the best of my knowledge

**1**

**2**

**3**

**4**

✓

Your claim has been submitted, Badger. If we have all the information we need, we should process it within 10 days. Your claim number is CL010101010101 and you can track its progress in My Plan.

Print your claim

Edit your notification settings to stay up to date with your claim progress. ✓

OK



## OPTION 2

# UPLOAD A COMPLETED CLAIM FORM

## SUBMIT ONLINE CLAIM APPLICATION

# STEP 1: INPUT PERSONAL INFORMATION

- Select the person who received the treatment / consultation
- Select the country in which the treatment / appointment took place
- Select the currency on the invoice
- Input the value of the claim

Upload a claim form

Step 1 Personal information

\* Indicates required field

Who is the patient?\*

Talbot Bates

Where was the treatment?\*

United Kingdom

What currency is the invoice in?\*

British Pound

What's the value of the claim?\*

GBP 3,250

Cancel Continue

You can also upload a completed claim application if you have the required information and supporting documents (receipts, prescriptions, etc.) to hand.

You can upload documents using your mobile device camera, for convenience.

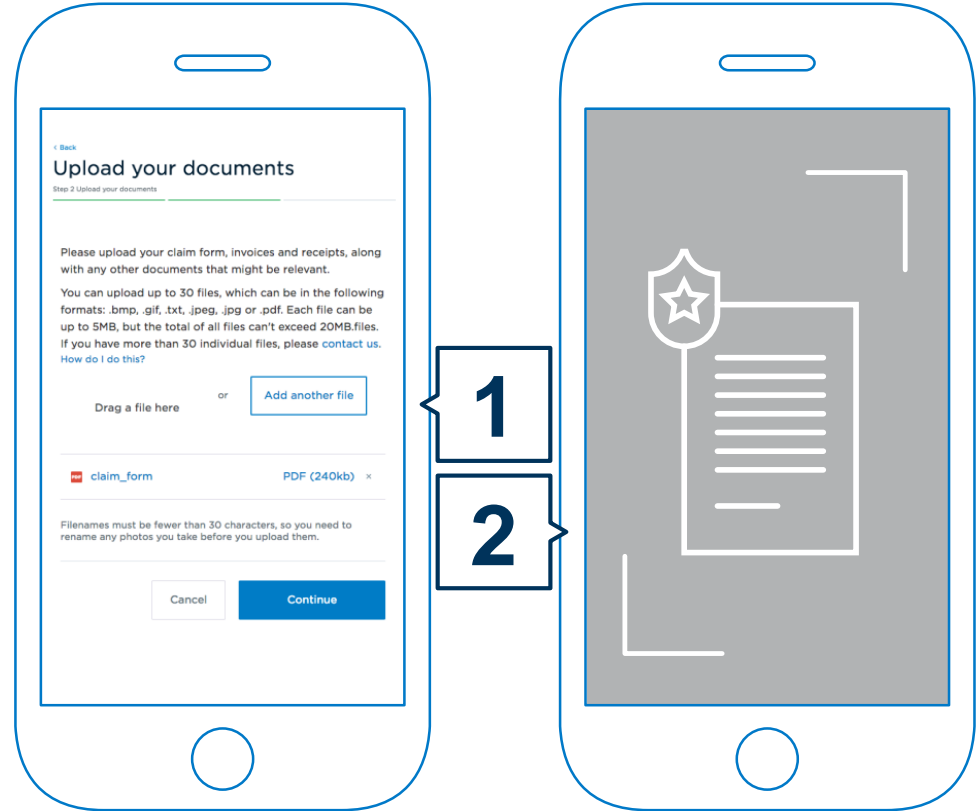
## SUBMIT ONLINE CLAIM APPLICATION

# STEP 2: UPLOAD YOUR DOCUMENTS

Upload your claim form, receipts, invoices and prescriptions, noting the guidelines provided for file type and size.

### EITHER:

1. Search for saved files from your computer or device
2. Take photos of the documents with your mobile device to upload



## SUBMIT ONLINE CLAIM APPLICATION

# STEP 3: SUMMARY AND SUBMISSION

1. Check your details and confirm they are correct
2. Click **Submit** to proceed

Upload a claim form

Step 3 Summary

Please check your details and confirm they are correct. Incorrect information may cause delays in your claim being reimbursed.

**Personal information**  
[Edit details](#)

Patient	BI-6000-0238-3206
Country of invoice	United Kingdom
Currency of invoice	British Pound
Total amount of claim	GBP 3250

**Invoices and receipts**  
[Edit details](#)

Attachments claim\_form.pdf

By clicking Submit, I confirm that the information I have given on this form is accurate and correct to the best of my knowledge.

[Cancel](#) [Submit](#)

1

2



# REQUESTING TREATMENT PRE-AUTHORISATION USING MEMBERSWORLD



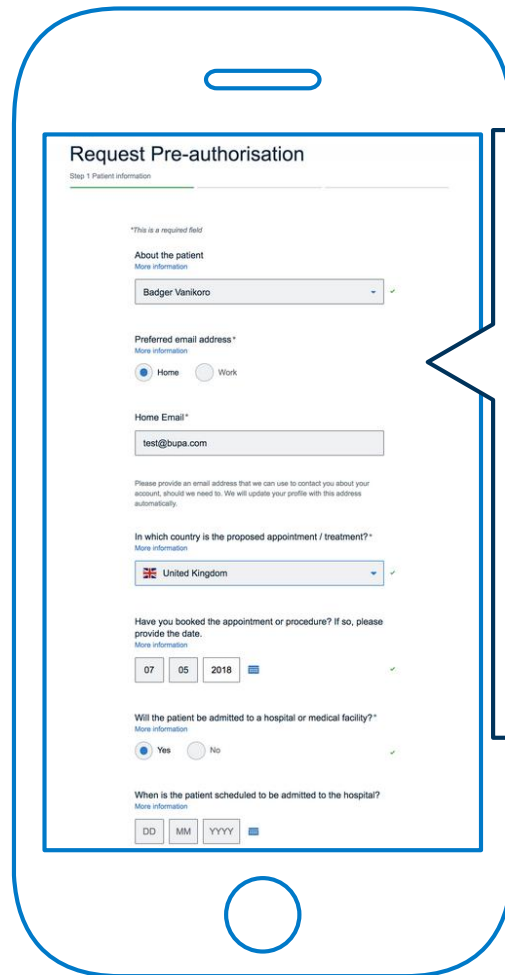
## REQUEST TREATMENT PRE-AUTHORISATION

# STEP 1: ADD PATIENT DETAILS

Through MembersWorld you can easily request pre-authorisation for a medical treatment or consultation to confirm that it is covered by your plan.

Please note that the policyholder must submit pre-authorisation applications for dependants under 16, or they can phone for approval.

**Pre-authorisations are valid for up to 31 days. If it expires, you can request another.**



The image shows a smartphone screen with a form titled "Request Pre-authorisation". The form is for "Step 1 Patient information" and includes the following fields and options:

- About the patient:** A dropdown menu with "Badger Vanikoro" selected.
- Preferred email address\*:** Radio buttons for "Home" (selected) and "Work". Below is a text field with "test@bupa.com".
- Home Email\*:** A text field with "test@bupa.com".
- In which country is the proposed appointment / treatment?\*** A dropdown menu with "United Kingdom" selected.
- Have you booked the appointment or procedure? If so, please provide the date.** Date pickers for "07", "05", and "2018".
- Will the patient be admitted to a hospital or medical facility?\*** Radio buttons for "Yes" (selected) and "No".
- When is the patient scheduled to be admitted to the hospital?\*** Date pickers for "DD", "MM", and "YYYY".

Enter some details:

- Select **Patient name**
- Choose **country** where the treatment will take place
- Enter **date** of appointment if you know it
- Tick **Yes** if the patient will be admitted to hospital – you will be asked to enter the date of admission and discharge

## REQUEST PRE-AUTHORISATION

# STEP 2: ADD TREATMENT DETAILS

You should receive a response by email within 48 hours.

**Need a quicker response?  
Please call us.**

← Back

### Request Pre-authorisation

Step 2 More information

\*This is a required field

When did the symptoms first appear?\*

More information

DD MM YYYY

Can you describe the symptoms in a bit of detail please?\*

More information

E.g. back pain; headache 0/500

What medical treatment would you like to have pre-authorised now? \*

More information

e.g. Examination, steroid injection 0/500

Have you scheduled the treatment or consultation? If so, please tell us who is providing the medical treatment.

More information

Dr Smith / General Hospital 0/500

Cancel Continue

We will need a few details about the treatment or consultation:

- Enter **date** when the symptoms started (Top tip: it's OK to estimate)
- Be **descriptive** about the issue or diagnosis
- Briefly describe any known proposed treatment or next steps
- Tell us who the appointment is booked with (the medical provider / facility)

## REQUEST PRE-AUTHORISATION

# STEP 3: CHECK DETAILS AND SUBMIT

1. Check your details and confirm they are correct
2. Click **Submit** to proceed

< Back

### Request Pre-authorisation

Step 3 Summary

Please check the summary to make sure the details are complete and correct.

**Personal information**  
Edit these details ✓

Patient name	Badger Vanikoro
Contact email address	test@bupa.com
Country of treatment	United Kingdom
Treatment start date	07 May 2018
Patient status	In Patient
Hospital admission date	07 May 2018

**Pre-authorisation summary**  
Edit details ✓

Symptom onset	01 May 2018
Symptoms / diagnosis	Pain in left knee
Proposed treatment / consultation	Physiotherapy
Treatment facility	Mr Campbell at the Cromwell

Cancel Submit

1

2

# HOW TO MANAGE YOUR PLAN, POLICY DETAILS AND PAYMENTS IN MEMBERSWORLD

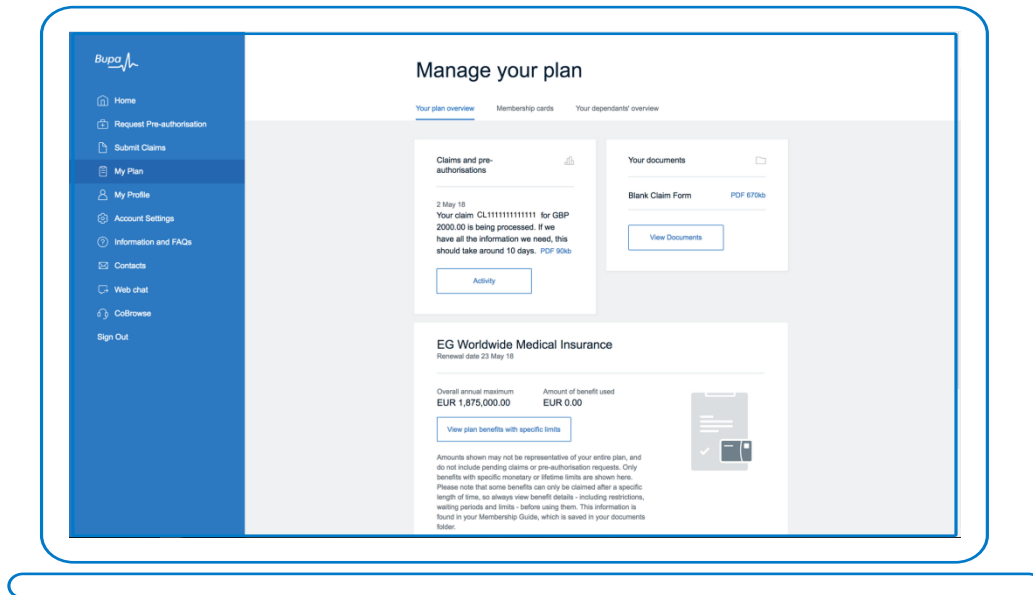
## MANAGE YOUR PLAN

# TRACK CLAIMS, VIEW DOCUMENTS, ORDER MEMBERSHIP CARDS AND MORE

Visit Manage Your Plan to view and manage your policy activity – and dependants' plans too, if they are under 16, or are over 16 and give you permission.

### Here you can:

- View your plan overview
- View and download documents, including blank claims forms
- View your claims history in details
- View pre-authorisation history in detail
- Order new membership cards and download temporary replacements
- Check your remaining benefits
- Make payments



## MANAGE CONTACT DETAILS, ACCOUNT SETTINGS AND MORE

# YOUR PROFILE AND ACCOUNT SETTINGS

Through MembersWorld you can easily update usernames and password settings.

You can also update contact information for yourself and for any eligible dependants.

