Health cover claim form

Australian Unity

Please include all relevant documents and keep copies if required, as Australian Unity will retain originals.

1 Your membership details — Complete

Membership number

Date of birth

Please tick the type of cover you have:

☐ Health Insurance ☐ Overseas Visitors Cover

Title

Surname

First name

If your contact details have changed, please complete below:

Postal address

Suburb

State

Postcode

Email

Telephone (home)

(mobile)

2 Claim details — Complete

First name of patient	Date of birth	Date of service	Name of practitioner or type of service	Has the account been paid
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

If accounts have been paid, please complete section five below.

3 Hospital details — Complete

Are you claiming medical gap claims for services received whilst a private inpatient of a hospital? YES ☐ NO ☐

Hospital name

From D D / M M / Y Y To D D / M M / Y Y

Hospital address or location

Suburb

State

Postcode

4 Accident declaration — Complete

Is your treatment associated with an accident/injury for which a third party may have liability? Or have you previously received any compensation in relation to this injury/ailment? This includes: transport or vehicle, workers' compensation, domestic or sporting accidents? ☐ YES ☐ NO

The nature of your injury or ailment:

5 Claim payment — Complete

Australian Unity pays your claims directly into your nominated financial institution account. If your account details are different from the details we already hold, please complete the details below:

Name and branch of financial institution

Name of account holder

BSB number –

Account number

Signature of policy holder

SIGN HERE

Date D D / M M / Y Y

6 Declaration — Sign

I declare the information on this claim to be true and correct. I agree to assist Australian Unity obtain all information relevant to this claim, authorise the doctors, practitioners or other relevant authorities to provide access to any records relevant to this ailment/injury to Australian Unity (including date, type of services and relevant clinical information), and consent to the release of all relevant information to a medical referee, as determined necessary by Australian Unity, for the purpose of assessment of this claim.

Member signature

SIGN HERE

Date D D / M M / Y Y

Benefits are payable on claims submitted **no more than two years** after the date of service and only for periods during which a membership is financial (fully paid).

How to claim:

Mail: Forward this claim form with all your relevant documents such as accounts/receipts to Australian Unity using the reply paid address:
Australian Unity Claims Department, Reply Paid 9945, Melbourne VIC 8060

Phone: Call our TeleClaims team to process your claim over the phone on 1800 807 144

Fax: Send this claim form with your relevant documents to 1800 852 030

Email: Email this claim form with your relevant documents to *customerservice@australianunity.com.au*

Online: Send in an electronic claim via Online Member Services at *australianunity.com.au/memberservices*

Apps: Download our iPhone or Android application to submit your claim electronically