Health Cover Claim Form



Please include all relevant documents and keep copies if required, as Australian Unity will not return originals.

1. Membership details		
Your Membership Number	Type of Cover Health Insurance Overseas Visitors Cover	
Title	Date of birth Sex M/F	
Surname	First Name	
If your contact details have changed, please complete below:		
Postal address		
Suburb	State Postcode	
Phone (home)	Mobile	
Email		
2. Claim details		
First name of patier	Int Date of birth Date of service Name of practitioner or type of service Has the account been paid? Image:	
3. Hospital details		
Are you claiming medical gap claims for services received whilst a private inpatient of a hospital? Yes No From D / / Yes Yes		
Hospital name		
Hospital address		
Suburb	State Postcode	
4. Accident declaration		
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?		
Nature of your ailment or inj		
5. Claim payment		
Australian Unity pays your claims directly into your nominated financial institution account. You only need to complete this section if your account details are different from the details we already hold.		
Name and branch of financia	al institution	
Name of account holder		
BSB No.		
Signature of policy holder		



6. Declaration Note

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.

DD/MM/YYYY

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).

We handle your personal information in accordance with our Privacy Policy available at australianunity.com.au/privacy or by calling 13 29 39.



Return by post

Australian Unity Health Reply Paid 91943, Melbourne VIC 3000 (No stamp is required)



Email

customerservice@australianunity.com.au



Online Send in an electronic claim via

Online Member Services at

australianunity.com.au/memberservices



Download our iPhone or Android application to submit your claim electronically. Available on most covers.



13 29 39 australianunity.com.au