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 — Review

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 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

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. Available on most covers.