

Platinum Extras claim form



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

1. Your membership details

Membership number

Date of birth / /

Title Surname First name

Please indicate the type of cover you have:
 Health Insurance Overseas Visitors Cover

If your contact details have changed, please complete below:

Postal address

Suburb State Postcode

Phone (home) Mobile

Email

2. Claim details

First name of patient	Date of birth	Date of service	Name of practitioner or type of service	Has the account been paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N

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

3. Hospital details

Are you claiming medical gap claims for services received whilst a private inpatient of a hospital? Yes No

Hospital name From / / To / /

Hospital address or location

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?

Yes No The nature of your injury or ailment:

Please turn over page >

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 financial institution

Name of account holder

BSB No. - Account number

Policy holder's signature Date / /

6. Declaration

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 Date / /



Return by post

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



Email

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

Contact us



13 29 39



australianunity.com.au