

5. Declaration (to be completed by your GP or medical specialist)

I confirm that, in my opinion, the journey undertaken is/was necessary to receive hospital treatment because treatment is/was not available locally.

Yes No

I confirm a carer was required to support the patient.

Yes No

Signature of GP/medical specialist

Date (DD/MM/YYYY)

/ /

Title First name Surname

Provider number of GP/medical specialist

6. Direct credit details

(If these details are completed, they will be used for this claim and all future claims, unless you advise us otherwise.)

Account name

BSB number

/

Account number

Declaration

I declare that the information on this form is true and correct. I authorise AIA Health to check any of these services with the relevant providers and authorise AIA Health to contact the provider to obtain any necessary information to either verify or audit this claim.

Signature of member (electronic signature accepted)

Date

/ /

Once the form is completed, please return via email: Health.Claims@aia.com.au
or post to AIA Health, PO Box 7302, Melbourne VIC 3004