

CLAIM FORM

Please use black pen and print upper case. Avoid contact with the edge of the box.



Please complete all details (where applicable) and attach full itemised accounts/receipts. You may email the completed form with receipts to corporatehealth.claims@aia.com.au

Member details

Member surname	Member number

Claim details

Please enter all details of claim that are shown on invoice/receipt.

	Patient first name	Patient date of birth	Provider number	Service date
Eg	JOHN	DD/MM/YY	0112345B	DD/MM/YY
1				
2				
3				
4				
5				
6				
7				

Compensation

Are the charges in this claim recoverable as damages, compensation or benefit under any Repatriation, Worker's Compensation, TAC, Social Services or other Acts, Rules and Regulations, or from any other Third Party?

No	Yes (provide details)		

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	t 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. I declare these services cannot be claimed from any other source unless specified in the compensation section of this form.

Member Signature	Date	

Any Personal information including sensitive information collected by AIA Health will be used, stored, and disclosed in accordance with AIA Health's Privacy Policy. This policy can be found at <u>https://www.aia.com.au/en/privacy-policy</u> or you can request a copy of the policy by contacting us on 1800 333 004. Effective 25 November 2024. AIA Health is issued by AIA Health Insurance Pty Ltd ABN 32 611 323 034, a registered private health insurer. AIA Vitality is issued by AIA Australia Limited ABN 79 004 837 861. | PHI8471C – 11/24