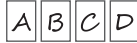


# HOSPITAL EXCESS REFUND FORM



Health

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



Please complete this form if you're applying for a refund of the hospital excess, you've already paid, for a hospital admission.

Please attach the receipt showing the excess you've paid to the hospital.

Please note, we must wait for the hospital to finalise your account before we're able to process your refund. Depending on the hospital, this can take between 1–8 weeks.

## Member and patient details

Membership number (if known)

Title Member first name

Member surname

Mobile

Gender M/F

Date of birth

Hospital name

Patient first name

Date of birth

## 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

Date

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