## HOSPITAL EXCESS AND CO-PAYMENT REFUND FORM



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

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

Please attach the invoice and receipt showing the excess or co-payment 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)	re 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 providers and authorise AIA Health to contact the provider to obtain any	·
Signature of member	Date
Once the form is completed, please return via email: Health.Claims@aia	a.com.au

or post to AIA Health, PO Box 7302, Melbourne VIC 3004