Sydney
Level 4, 33 York Street
Sydney NSW 2000
GPO Box 4213, Sydney, NSW, 2001
T: +61 2 9251 8700
F: +61 2 9252 4385

ABN: 26 053 335 952
AFS Licence No: 238621
Email: claims@acchealth.com.au
www.acchealth.com.au

Checklist

ACCIDENT & HEALTH INTERNATIONAL

EXPATRIATE / INPATRIATE MEDICAL EXPENSES CLAIM FORM

Upon completing the claim form and all relevant fields please forward to Accident & Health International by one of the following:

Email: claims@acchealth.com.au

Post: **Accident & Health International**
GPO BOX 4213
SYDNEY NSW 2000

Fax: +61 2 9252 4385

Please ensure all items below are completed prior to returning form.

- ☐ **All receipts are itemised and written in English or with an English translation** *(credit card slip showing payment is not sufficient)*
- ☐ **All relevant sections on claim form are complete.**
- ☐ **Verified that your international banking details are correct.**
- ☐ **Completed Medicare declaration for any medical expenses incurred within Australia.**

Dispute Resolution Statement
Accident & Health International Underwriting Pty Ltd is an agent for our insurers who are signatories to the General Insurance Code of Practice developed by the Insurance Council of Australia.
If you have a dispute and after talking to Accident & Health International Underwriting Pty Ltd, you are still dissatisfied and you wish to take the matter further we have a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to your concerns within fifteen (15) working days.
If you are not satisfied with our dispute resolution process, we will advise you on how to contact the insurance industry's external independent complaints scheme.
Access to the Dispute Resolution scheme is free of charge to you.

By signing and dating the form below or returning this form electronically, once completed, you declare the following:

Declaration:
I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We agree that, by submitting this form, the personal information I/We provide to Accident & Health International Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy including for the processing of this claim.

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ACCIDENT & HEALTH INTERNATIONAL

Claim Form

EXPATRIATE / INPATRIATE MEDICAL EXPENSES

IMPORTANT: PLEASE READ BEFORE YOU COMPLETE THIS FORM

- **Exchange rates and currency conversions will be taken from those listed on OANDA (www.oanda.com).**
- **Where expenses are incurred over multiple dates, an average exchange rate will be used.**

YOUR DETAILS - ALL QUESTIONS ARE REQUIRED TO BE COMPLETED

Policy Number

Name of Insured Company

Name of Insured Person

Residential Address *(PO Box not accepted)*

Suburb

State

Postcode

Email Address

Daytime Contact Number

Alternative Number

Nationality

Country of Expatriation

PAYMENT DETAILS - COMPULSORY

Please Note: We are not liable for any bank processing fees incurred by the beneficiary.

Please tick preferred method of Payment for refund.

☐ AUD Cheque

Payee

Cheque Postal Address *(if different from above.)*

☐ Direct/EFT Payment

Account Holder's Name

BSB Number (6-Digits)

Account Number

Bank

(alternatively supply a deposit slip noting the following information)

☐ Foreign Account

SWIFT CODE / SORT CODE / IBAN

Account Number

Bank Name

Bank Address

Account Holders Name

Account Holders Residential Address

Account Holder's International Phone Number

Account Currency

☐ Foreign Currency Draft

Payee

Currency

Draft Postal Address *(if different from above.)*

ACCIDENT & HEALTH INTERNATIONAL

Claim Form

EXPATRIATE MEDICAL EXPENSES

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Important Notes on Claiming - in order to receive payment, you must:

1. **Complete all sections of this claim form (including signing and dating the form).**
2. Provide original itemised receipts written in English or with an English translation provided (credit card slips are not sufficient).
3. Itemised receipts must show all services separately, e.g. medical and pharmacy amounts shown separately.
4. All Family Members are to be included on the one form.

Important Declaration for ANY Treatment/Expense incurred in Australia
(Please note, under the Health Insurance Act s128a fines apply for false or misleading information)

Are you entitled to claim Medicare Benefits:

As an Australian Citizen ☐ Yes ☐ No

As a result of being granted or applying for permanent residency ☐ Yes ☐ No

Under a Reciprocal Health Agreement ☐ Yes ☐ No

Do you have private health insurance? ☐ Yes ☐ No

Medicare Number ☐☐☐☐ ☐☐☐☐☐ ☐

Expiry date ☐☐☐☐

	Date of Account	Type of Injury / Illness	Name / Relationship	Treatment Received	Service Provider	Amount Claimed	Currency	Paid	OFFICE USE ONLY Rate	% Paid	Value Limit	Refund Due
EG	10/4/2010	Eg. Sore Throat	Trevor / Son	consultation	Dr Smith	$100.00	USD	Y				
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

IMPORTANT: Itemise each expense/account and attach your invoices and receipts before submitting your claim.

Signature

Date ☐☐ ☐☐ ☐☐☐☐

By signing and dating this form (or returning the form electronically) you agree to the terms set out in the declaration on the previous page.

Sub Total	$0.00
Excess	
Total	$0.00

Comments (office use only)