

# Health Insurance Payment Form



## Health insurance payment form and/or claim

This form can only be used for Health Insurance claims and is to be completed once treatment/procedure is complete and payment is required.

Policy number

Claim number

Claimant name

### 1 Refund for claims

Please provide a copy of accounts or invoices (and receipt, if paid).  
Payment will be made directly to the bank account you provide in section 2 below unless you elect have payment directly to provider by ticking the right-hand column of this section.

Provider	Amount	Pay to provider (tick)
<div></div>	\$ <div></div>	<div></div> Yes
<div></div>	\$ <div></div>	<div></div> Yes
<div></div>	\$ <div></div>	<div></div> Yes
<div></div>	\$ <div></div>	<div></div> Yes
<div></div>	\$ <div></div>	<div></div> Yes
<div></div>	\$ <div></div>	<div></div> Yes
<div></div>	\$ <div></div>	<div></div> Yes
<div></div>	\$ <div></div>	<div></div> Yes
<div></div>	\$ <div></div>	<div></div> Yes
<div></div>	\$ <div></div>	<div></div> Yes

### 2 Account details

(Please note: Reimbursement can only be made to a bank account, not a credit card).

If we haven't paid into this account before please provide evidence of bank details such as a printed bank statement.

Please provide bank account details for reimbursement.

Name of account

BankBranchAccount numberSuffix

Signature of Bank Account Holder

X

Date (dd/mm/yyyy)

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