

# 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 | <input type="text"/> |
| Claim number  | <input type="text"/> |
| Claimant name | <input type="text"/> |

### 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 9 below unless you elect have payment directly to provider by ticking the right-hand column of this section.

| Provider             | Amount                  | Pay to provider (tick)       |
|----------------------|-------------------------|------------------------------|
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> Yes |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> Yes |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> Yes |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> Yes |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> Yes |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> Yes |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> Yes |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> Yes |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> Yes |
| <input type="text"/> | \$ <input type="text"/> | <input type="checkbox"/> 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                  | <input type="text"/>      |                             |                                     |                             |                      |
|                                  | <input type="text"/> Bank | <input type="text"/> Branch | <input type="text"/> Account number | <input type="text"/> Suffix |                      |
| Signature of Bank Account Holder | <input type="text"/>      |                             |                                     | Date (dd/mm/yyyy)           | <input type="text"/> |

