

Claim Form



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



Please complete all details (where applicable) and attach full itemised accounts/receipts.
You may email the completed form with receipts to claims@navyhealth.com.au. Navy Health will retain all original accounts and receipts.

Member Surname

Member No

Change of Contact Details or Direct Credit details included (*overleaf*)

Claim Details

Please enter all details of claim that are shown on invoice/receipt.

Patient First Name	Patient DOB	Provider No	Service Date	Fee	Paid	Service Type
Eg JOHN	DDMMYY	0 1 1 2 6 3 2 B	DDMMYY	9 9 9 9 . 9 9	<input checked="" type="checkbox"/>	D e n t i s t
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
6 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
7 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Compensation

Are the charges in this claim recoverable as damages, compensation or benefit under any Repatriation, Worker's Compensation TAC, Social Services or other Acts, Rules and Regulations or from any other third party?

No Yes (Provide Details)

Declaration

I declare that the information on this form is true and correct. I authorise Navy Health to check any of these services with the relevant providers authorise Navy Health to contact the provider to obtain any necessary information to either verify or audit this claim. I declare these services cannot be claimed from any other source unless specified in the compensation section of this form.

Member Signature

Date

Change of Address (Only complete if your details have changed)

Street Address

Suburb

State

Postcode

Email

Contact Phone

Mobile Phone

Direct Credit Details (Only complete if your details have changed)

Update direct credit details for future transactions?

 Yes No

Account Name

BSB Number

Account Number

Important Information

Benefit year(s)

Extras annual limits and service are based on financial years (1 July to 30 June). The date of service determines from which year the benefit is drawn. Hospital excesses are payable once per person (up to twice per membership) in a rolling 12 month period, from the first date of admission.

Benefits are not payable where the service date is during a period of suspension, whilst the membership is unfinancial, or if the claim is submitted more than two years after the date of service. Receipts will remain the property of Navy Health Ltd. Please make photocopies prior to submitting claims if you require them for your records.

Medical Prescribed Appliances (MPAs)

Receipts must be accompanied by a referral from a physiotherapist, chiropractor, osteopath or medical practitioner. The referral must state the patient name and that the purchase is for medical reasons.

Did You Know?

You can update your details, view your claims history and more, via logging onto Online Member Services at navyhealth.com.au and registering for access.

When claiming your benefits, at most providers, you can simply swipe your membership card at the time of service and have the claim immediately processed - no need to fill out any forms.



NAVY HEALTH

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A Registered Private Health Insurer

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