



Please complete this form if you are applying for a \$200 refund of the excess that you have already paid for a hospital admission. This form is only applicable to members on Corporate Health covers.

Please attach the receipt showing the excess you have paid to the hospital.

Membership number (if known)

Grid for membership number

Employee ID

Grid for employee ID

Title/Rank

Grid for title/rank

Members First name

Grid for members first name

Members Surname

Grid for members surname

Mobile

Grid for mobile number

Gender M/F

Grid for gender

Date of Birth

Grid for date of birth

Hospital Name

Grid for hospital name

Patient First name

Grid for patient first name

Date of Birth

Grid for patient date of birth

Company Name

Grid for company name

Payroll Office Contact

Grid for payroll office contact

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

Bank Name

Grid for bank name

Account Name

Grid for account name

BSB Number

Grid for BSB number

Account Number

Grid for account number

Update membership with these account details for future credit transactions

Yes/No checkboxes

I confirm that on the date of admission, I was an employee of eligible contractor

Confirmation checkbox

Declaration

I agree to reimburse Navy Health for any services claimed where compensations or damages are from another source (eg. Workers Compensation, TAC, or any other third party). I declare that I have incurred the expenses in this claim and that the information provided is true and correct.

I authorise Navy Health to contact the provider to obtain any necessary information to either verify or audit this claim.

Signature

Signature box

Date

Grid for date

Return completed form to Navy Health

Once the form is completed, please return via post to: Navy Health - PO Box 172 Box Hill VIC 3128 or email to query@navyhealth.com.au

For more information contact us on 1300 306 289