NAVY HEALTH

A Members Health Fund

Excess Refund Form
$500

Please complete this form if you are applying for a $500 refund of the excess that you have already paid for a hospital admission. This form is only applicable to members on Corporate Health covers. Attach the receipt showing the excess you have paid to the hospital.

Member No. _____ Employee ID _____

Title/Rank _____ Member First Name _____

Member Surname _____

Mobile _____ Date of Birth __ __ / __ __ / __ __ __ __

Hospital Name _____

Patient First Name _____ Date of Birth __ __ / __ __ / __ __ __ __

Company Name _____

Payroll Office Contact _____

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

Bank Name _____

Account Name _____

BSB Number __ __ __ __ __ __ Account Number __ __ __ __ __ __ __ __ __

☐ Update membership with these account details for future credit transactions

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

Member Declaration

☐ I agree to reimburse Navy Health for any services claimed where compensations or damages are from another source (e.g. 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.

Member's Signature _____ **Date** __ __ / __ __ / __ __ __ __

Please complete and return to query@navyhealth.com.au

Print Submit