



Member details

Member name Member no.

Email Phone

Direct credit details

Account Name BSB Account no.

Claim receipt details

I have attached number of claim receipts for processing.

Please ensure that all invoices/receipts attached list the following information:

- Provider name
- Date of service
- Provider number
- Type of service
- Patient full name
- Cost of service

All of the above information must be submitted on an official receipt from your service provider. Claims for pharmacy must be submitted on an official pharmacy receipt. Claims for medically prescribed appliances 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. Initial claims for orthodontia must be accompanied with a treatment plan. EFTPOS receipts will not be accepted.

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. 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.

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 all services have been paid in full. 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 and 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 / /

Navy Health Ltd ABN 61 092 229 000 (Navy Health, we, our, us) is collecting your personal information on this Claim Form for the purpose of processing your claim for a product or service under an insurance policy. If you don't provide your personal information, we may not be able to process your claim. We otherwise collect, use, disclose and handle your personal information in accordance with our [Privacy Policy](#). Our [Privacy Policy](#) also contains information regarding how to opt-out of marketing communications from us, the contact details of our Privacy Officer and how you can seek access to and correct your personal information or raise a privacy concern with us.

Did you know?



The fastest way to claim is by downloading the Navy Health claims app from the App store or Google play store. Most providers also offer HICAPS, which allows you to swipe your Navy Health member card at the time of service and only pay the difference, no need to fill out any forms.