

# Claim form

Use this form to: Make a claim for payment, get a reimbursement or to add a family member to your policy.

## 1 CUSTOMER DETAILS

Full name:

CUA Health policy number:  Phone/Mobile:

Address:  Postcode:

Is this your permanent address?  Yes  No

**Please complete the following questions:**

(i) Is this claim the result of an accident?  Yes  No

(ii) Is there an entitlement to claim for workers compensation or third party insurance damage?  Yes  No

(iii) Are you entitled to treatment under repatriation social services or any other benefit in respect to this claim?  Yes  No

## 2 CLAIM DETAILS

Date of service	Patient's name	Provider's name	Account paid (YES/NO)

Have you attached the receipts?  Yes  No

Please ensure where applicable, receipts are attached. Where an unpaid account is supplied, the cheque will be made payable to the provider. Unless requested, all other refunds will be paid to your account. Failure to provide correct documentation could delay settlement of your claim.

## 3 ADDING A NEW BORN CHILD

Family name:  First given name:

2nd initial:  Sex:  Date of birth:

## 4 DECLARATION

I declare that the services claimed were received and that the above answers and particulars are true. I authorise practitioners named above to supply any information which will assist in processing this claim.

I agree that my personal information will be collected, used and disclosed in accordance with the privacy notice set out in the brochure, and the CUA Group's privacy policy.

Signed (by member):  Date:

Once you have completed this form:



Please fax request to 1300 797 066



Drop it into a branch



Email [cuahealth@cua.com.au](mailto:cuahealth@cua.com.au)

We're here to help

If you need assistance completing this form, call us on 1300 499 260 or drop into your local branch.