GUHealth

Make a claim on your hospital, medical or extras cover

If completing a paper form, use black pen only and use capital letters – please indicate with a X in the appropriate check boxes

GU Health Membership No. | | | | | | | | |

Please complete the information requested below and send your completed form by:

- Scan and email to **corporate@guhealth.com.au**; **or**
- FreePost to GU Health, Reply Paid 2988, Melbourne Vic 8060 (no stamp required)

For assistance or more information call your GU Health Member Relations Team on **1800 249 966** between 8.30am and 5pm (AEST) Monday to Friday or email **corporate@guhealth.com.au**

1 Membership holder's details – the person in whose name membership is held

Title | First name | Surname

Telephone (current) | Date of birth (DD/MM/YYYY) | Check box if address has changed and update details over page ☐

2 Claim details

Patient details

Claim No.	Patient's name	Date of birth
1		
2		
3		
4		

Practitioner's details

	Practitioner's name	Date of service
1		
2		
3		
4		

Please supply invoice/s, letter/s or top portion of Medicare statement/s for all claims.

Is the patient being treated for any accident/injury that can be claimed through compensation from a third party including workers' compensation, vehicle accident compensation or common law legislation? Yes ☐ No ☐

3 Hospital details – complete if treatment was received as a private patient in hospital

Claim No.	Name of hospital	Date of admission

4 Declaration – must be signed

By signing this form, I declare that all information I have provided to GU Health, including all information in this form, is true and correct. I authorise GU Health to use this information and any other information I have previously given GU Health to assess and process my claim(s).

I consent to GU Health contacting my previous health fund and/or service provider to request information and/or personal and medical records to verify any aspect of the claim(s). I acknowledge and provide consent for GU Health to use this information for other purposes related to this claim as outlined in the Privacy Policy.

Membership holder's signature | Date signed (DD/MM/YYYY)

GUHealth | nib

5 Complete to update your contact details

Apply these changes Permanently ☐ For this claim only ☐

Home address

State | Postcode | Postal address *(if different from above)*

Postal address (continued) | State | Postcode

Work telephone number | Home telephone number | Mobile number

Email address

6 Add / change direct credit details (FastBack) – this will update your GU Health records permanently.

Would you like to save time and effort when you claim?

Take advantage of the GU Health FastBack direct credit, and get your money back even faster! FastBack means we can directly deposit any claim reimbursement into your nominated Australian financial institution account. Just complete the 'authority' section below and we'll set it up for you.

Authority for FastBack payments

I request that GU Health until further notice, credit the following Australian account with any amount which may be payable to me as a result of a claim made under my membership.

Bank details

Name of Australian financial institution | Name/s on the account to be debited

Branch address

BSB number | Account number

Membership holder's signature | Date signed (DD/MM/YYYY)