

Submit a Claim FORM



This form is to be completed by the Policy Holder, or a person authorised to submit claims.
Submit your claim faster and paper-free, by downloading the Phoenix Health App and lodging electronically!

Member Details

Member number: _____ Date of birth: / /

First name: _____ Surname: _____

Address: _____ Postcode: _____

Phone: _____ Email: _____

Are you updating your contact details? ☐ Yes ☐ No

Please note: only fill in sections of this form that are relevant to you.

In-Hospital Services: Fund Medical Gap benefits are only claimable where services are provided to an admitted patient of a hospital or approved day hospital facility. All other medical services are claimable through Medicare only.

Hospitalisation: Please complete this section for medical gap claims for services received in hospital.

Hospital name: _____

Admission date: / / Discharge date / /

Patient given name	Name of provider	Type of service	Date of service	Paid

Were any of these services rendered whilst admitted into Hospital? ☐ Yes ☐ No

Is any part of this claim eligible for compensation or damages, or claimable through another insurance policy? ☐ Yes ☐ No

Please attach an itemised invoice for each service you are submitting a claim for, as well as any supporting documentation required, as detailed in the Member Guide.

