Submit a Claim FORM

Member Details



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 number:		Date of birth: D D / M M / Y Y Y			
First name:		Surname:			
Address:		Postcode:			
Phone:		Email:			
Are you updating your contact d	etails? 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: D D / M M / Y Y Y Y Discharge date D D / M M / Y Y Y Y					
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					

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required, as detailed in the Member Guide.



Electronic funds transfer (EFT)
If we already have your bank details on file, simply tick the following box and you will not need to fill in the below banking details Phoenix Health has my details
BSB number: Account number: Make this my default:
Account name:
Financial institution: Branch:
Declaration
I hereby claim benefits for the professional services to which this claim relates, and I declare that:
All information supplied is true and correct.
I have attached itemised invoices for the services I am claiming, as well as any supporting documentation required.
I consent to the collection, use and disclosure of information provided as part of this claim in accordance with the Privacy Policy Statement of Phoenix Health.
There is no entitlement to claim compensation or damages from any other source.
The services were not for the purpose of health screening, superannuation, a health examination requested by an employer.
I authorise the fund to contact the provider of any professional service for clarification of any details in this claim.
Signature of member: Date: D D / M M / Y Y Y Y

Get access to your membership 24/7

Did you know that you can now register for online member services at Phoenix Health.com.au and have access to your membership 24/7.

Phoenix Health Fund Ltd

PO Box 156 Newcastle NSW 2300 | ABN 93 000 124 863 Monday – Friday: 8:00am – 5:00pm (AEST)







