Submit a Claim



This form is to be completed by a Policy Holder, or a person authorised to submit claims.

Want to submit your claims faster and paper-free? Download the Phoenix Health App from the App Store or Google Play, and submit your claims electronically anywhere, anytime!

Member Details						
Member number:			Date of birth: DD / MM / YYYY			
Member first name:			Member surname:			
Address:			Postcode:			
Phone:			Email:			
Are you updating your contact details? Yes			No 🗌			
Claim Details						
Note: You only need to complete	te the sections relevant to you	r claim.				
Patient First Name	Date of Birth	Provid	er Name Date o	f Service	Paid in full?	
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 Phoenix Health Member Guide.						
Hospital Details						
Were any of these services rendered while admitted to hospital? Yes No						
In-Hospital services: Fund Me day hospital facility. All other			re a service is provided to an admit ledicare only.	ted patient of a hosp	oital or approved	
Hospital Name:						
Date of Admission: / / / Date of Discharge: / / / / / / / / / / / / / / / / / / /						

Is any part of this claim eligible for compensation or damages, claimable through another insurance policy?

Yes No



24/7 Access to your membership



Fast and Paperless Claiming

Download the **Phoenix Health App** from the App Store or Google Play to submit claims electronically and get your benefits faster. Simply take a photo of your itemised invoice and click submit!

Manage your membership 24/7

Log in to the **Phoenix Health Online Member Services (OMS) portal** at members.phoenixhealthfund.com.au to manage your membership anywhere, anytime!

Payment of Benefits						
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 already has my details						
BSB:	Account number:					
Account name:						
Financial institution :	Branch:					
Make this my default account for the payment of benefits						
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 claimning, 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 of Phoenix Health. There is no entitlement to claim compensation or damages, or through any other source.						
The services were not for the purpose of health screening, superannuation or a health examination requested by an						
employer.	peralination of a freath examination requested by an					
I authorise the Fund to contact the provider of any professional service for clarification of any details in this claim.						
Signature of Member: Date	2: / / / / / / / / / / / / / / / / / / /					

Phoenix Health Fund

1800 028 817

Monday - Friday 8.30am - 5.00pm (AEST)

enquiries@phoenixhealthfund.com.au

PO Box 156 Newcastle NSW 2300

phoenixhealthfund.com.au

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For full claiming information, eligibility criteria and specific benefit details, please refer to the Phoenix Health Member Guide, Product Information Sheets and webiste; or contact a Phoenix Health Team Member.

