CBHS INTERNATIONAL HEALTH

Please email this completed form and any additional information:
Email: internationalclaims@cbhscorp.com.au

CBHS International Health is a business of CBHS Health Fund Limited
ABN 87 087 648 717

Claim form

1. Your personal details

Membership number

Last name

First name(s)

Email address

Birth date / / (D D / M M / Y Y Y Y)

Mobile number

2. Receipts/invoices - Please attach relevant documents to support your claim (e.g. receipts or invoices).

Number of receipts or invoices:

Are all of these medical accounts fully paid?

Yes No

Australian Bank Details

BSB

Account number

Account name

If you do not have an Australian Bank Account, please contact CBHS International Health via:

- **Phone (within Australia):** 1300 174 538 • **Phone (from overseas):** +61 2 8604 3538
- **Email**: premiumadmin@cbhscorp.com.au

3. Declaration

By signing this form, I declare the information supplied in connection with the claim is true and correct and I have the authority to lodge this claim on behalf of all dependants on the membership. I authorise CBHS International Health to contact the medical provider of any service claimed and to obtain all information required to assess and process the claim, which may include, but is not limited to, patient records and clinical notes.

I authorise CBHS International Health to verify my eligibility for cover, including through relevant government systems where required, for the purpose of assessing this claim.

I understand that providing false or misleading information may result in my claim being declined.

I consent and am authorised to consent to the collection, use and disclosure of all personal and health information in accordance with the CBHS Health Privacy Policy which can be accessed on the CBHS International website at **cbhsinternationalhealth.com.au/policies/privacy-policy** or by calling **1300 174 538** (within Australia) or **+61 2 8604 3538** (from Overseas).

Full name

Signature

✗

Date / / (D D / M M / Y Y Y Y)