



Accident & Health  
International Underwriting  
Pty Ltd (AHI)  
GPO Box 4616  
Sydney NSW 2001

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Toll Free. 1 800 618 700  
E. claims@ahiinsurance.com.au  
www.ahiinsurance.com.au

ABN: 26 053 335 952  
AFS Licence No: 238261

# Claim Form Expatriate / Inpatriate Medical Expenses

**Important: Please read before you complete this form**

• Exchange rates and currency conversions will be taken from those listed on OANDA  
www.oanda.com

**Please ensure all items below are completed prior to returning form**

1. All receipts are itemised and written in English or with an English translation (credit card slip showing payment is not sufficient)
2. All relevant sections on claim form are complete.
3. Verified that your international banking details are correct.
4. Completed Medicare declaration for any medical expenses incurred within Australia.
5. Itemised receipts must show all services separately, e.g. medical and pharmacy amounts shown separately.

## 01. Your Details

Compulsory

Policy Number Name of Insured Company

Name of Insured Person

Residential Address (cannot be a PO Box)

Suburb

State

Postcode

Email Address

Daytime Contact Number

Alternative Number

Nationality

Country of Expatriation

## 02. Payment Details

Compulsory

Please note we are not liable for any bank processing fees incurred by the beneficiary

Account Holder's Name

BSB Number (6-Digits)

Account Number

Direct/EFT  
Payment

Bank

Alternatively supply a deposit slip  
noting the following information

SWIFT CODE / SORT CODE

Foreign  
Account

IBAN Number

Account Number

Bank Name

Bank Address

Account Holders Name

Account Holders Residential Address

Account Holders International Phone Number

Account Currency

Tax I.D. (if applicable)



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**Important Declaration for ANY Treatment/Expense incurred in Australia**  
(Please note, under the Health Insurance Act s128a fines apply for false or misleading information)

Medicare Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Do you have private health insurance? Yes No

Are you entitled to claim Medicare Benefits:

As an Australian Citizen Yes No

As a result of being granted or applying for permanent residency Yes No

Under a Reciprocal Health Agreement Yes No

### Schedule of Claimed Expenses

	Date of Account	Type of Injury / Illness	Name / Relationship	Treatment Received	Service Provider	Amount Claimed	Currency	Paid
EG	10/4/2018	Eg. Sore Throat	Trevor / Son	consultation	Dr Smith	\$100.00	USD	Y
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**Important: Itemise each expense/account and attach your invoices and receipts before submitting your claim.**

**General Insurance Code of Practice**

AHI proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

**Complaints and Disputes Resolution**

If you have a dispute and after talking to AHI, you are still dissatisfied and you wish to take the matter further we have a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to your concerns within 15 business days in accordance with the General Insurance Code of Practice. If you still remain dissatisfied after proceeding with the above, our process includes advising you on how to contact the insurance industry's external independent complaints scheme, the Australian Financial Complaints Authority (AFCA). Access to this scheme is free of charge to you.

By signing and dating the form above or returning this form electronically, once completed, you declare the following:

**Declaration:**

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

**Authority**

I authorise any hospital and/or physician who has treated me to provide AHI with copies of medical records or of my past medical history, as requested.

**Privacy Declaration**

I/We agree that, by submitting this form, the personal information I/we provide to AHI in this form or otherwise may be collected, held, used and disclosed in the manner set out in the AHI Privacy Policy found at [www.ahiinsurance.com.au](http://www.ahiinsurance.com.au), including for the processing of this claim.

Signature

Date