

# claim form

## Policy holder details please tick box if your address has changed

Title (dr, mr, mrs, miss, ms)	Family name (surname)	Given name
Other name/s	Date of birth / /	
Current home address	Suburb	
State	Postcode	Email address
Daytime contact number	Mobile	

### Policy Number (must be provided)

## Add dependants **Family policy holders only - complete details for your spouse and/or your dependants under 18 yrs**

<b>1</b>	Family name (surname)	Given / other name/s
	Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
<b>2</b>	Family name (surname)	Given / other name/s
	Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F

## Details of expenses claimed

Patient's first name	Provider of service (e.g. Dr Jones)	Date of service (dd/mm/yy) (e.g. doctor visit or medicine purchase)	Have you already paid for this service?
1		/ /	<input type="checkbox"/> yes <input type="checkbox"/> no
2		/ /	<input type="checkbox"/> yes <input type="checkbox"/> no
3		/ /	<input type="checkbox"/> yes <input type="checkbox"/> no
4		/ /	<input type="checkbox"/> yes <input type="checkbox"/> no
5		/ /	<input type="checkbox"/> yes <input type="checkbox"/> no

If accounts are unpaid, payments will be made directly to the provider. Please direct any enquiries from the provider direct to OSHC Worldcare

## This section must be completed for all claims

Are these expenses related to an injury that occurred at work or as a result of a motor vehicle accident?  At work  Motor vehicle accident  Neither

Are the expenses claimed for a medical assessment, x-ray or blood tests required for the renewal or issue of your visa?  yes  no

## Complete this section if you saw a doctor or went to hospital

### Original tax invoices and receipts for paid expenses must be attached to process your claim

Have you had this or a related condition before?  yes  no

If yes, please provide details (dates, name & address of treating doctors/s, treatment etc)

## How do you want to be paid?

(only complete if you have already paid the account and have attached original tax invoices and receipts)

Cheque or  Payment by EFT (electronic funds transfer)

Name of financial institution	Name of account holder
BSB number (6 digits)	Account number (up to 9 digits)

## Declaration

I declare that all statements and particulars contained on this claim form are true and correct.

I authorise OSHC Worldcare to contact the hospital or provider of any service for further clarification of details in this claim if necessary.

Signature	Date
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## Protection of your personal information

The information that you provide is collected for the purpose of issuing you with OSHC Worldcare insurance and determining any claims you may make on this policy. The information may be disclosed to education providers, health fund providers, underwriters, marketing and service provider intermediaries, government departments, medical practitioners, claim accessors, investigators, medical assistance providers, associated companies, hospitals and other international assistance providers in the course of providing these services. When you applied for this insurance you agreed, in respect of any claim, to allow us to provide details of your cover or to obtain details from any healthcare provider in order to process your claim.

OSHC Worldcare guarantees that the information will only be used for those purposes. If you would like to gain access to any of the information you have provided please contact OSHC Worldcare.

## Did you know?

### Direct Billing Medical Providers

OSHC Worldcare has an extensive network of medical providers around Australia - show your valid OSHC Worldcare card and you do not have to make a claim. The bill is sent directly to OSHC Worldcare (some medical providers may charge a small co-payment which can not be claimed).

Find your local Direct Billing Medical Providers online at [www.oshcworldcare.com.au](http://www.oshcworldcare.com.au).

### Online Services – [www.oshcworldcare.com.au](http://www.oshcworldcare.com.au)

Visit our website to:

- Submit online claims (be sure to send in your original receipts with your claim number)
- Renew your policy
- Order replacement membership cards
- View our helpful information video
- Read health and wellbeing information

### 24 Hour Emergency Helpline – 1800 814 781

- 24 hour / 7 days per week access to medical, legal and interpreting services

### Waiting Periods

The waiting period for a pre-existing condition is 12 months from the date you arrive in Australia, or if you are an on-shore applicant who previously did not hold a student visa, or the date your student visa was granted, whichever is the later date. During this 12 month period, you cannot claim for any costs associated with any ailment, illness, disability or condition or secondary condition related to this ailment, illness, disability or condition that you have suffered from at any time before you came to Australia, or before the date your student visa was granted, whichever is the later date.

### Please return completed claim form together with all original receipts/invoices to:

#### OSHC Worldcare

Locked Bag 3001 Toowong QLD 4066

Phone: 1800 651 349

Email: [oshcclaims@worldcare.com.au](mailto:oshcclaims@worldcare.com.au)

Web: [www.oshcworldcare.com.au](http://www.oshcworldcare.com.au)

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