

POSTAL ADDRESS PO BOX 1721 CHRISTCHURCH 8140 PH 0800 600 666

CLAIMS FORM

HEAD OFFICE 211 FERRY ROAD CHRISTCHURCH 8011

Member's Name	Membership No
Full Address	
I certify that all particulars shown on this form are true and correct and authoris information they may need in connection with any claim submitted by me or my list	
Signed	Date
I would like any refund credited to my bank account:	
	(Please complete)

GENERAL MEDICAL EXPENSES

Please list accounts for all expenses individually. **The actual conditions/symptoms treated must be shown.** "GP visit", "X-ray" and the like are **not** sufficient.

Condi	tions/symptoms treated	Patient	Date of Birth	Date of Visit	Amount Paid	Office Use
e.g.	TONSILLITIS	SALLY	01/01/40	01/12/11	\$ 25.00	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	
			1 1	1 1	\$	



PRESCRIPTIONS

Pharmacist receipts must show the name of the patient, prescription number, the name and cost of each medication prescribed. Each prescription charge is to be listed individually.

	Medication	Patient	Date of Birth	Date of Visit	Amount Paid	Office Use
.g.	AUGMENTIN	SALLY	01/01/40	01/12/11	\$ 12.00	
			1 1	/ /	\$	
			1 1	/ /	\$	
			1 1	1 1	\$	
			1 1	/ /	\$	
			1 1	1 1	\$	
			1 1	/ /	\$	
			1 1	/ /	\$	
			1 1	/ /	\$	
			1 1	/ /	\$	
			/ /	/ /	\$	
			1 1	/ /	\$	
			/ /	/ /	\$	
				Total Claim	\$	
	(Please tick) All claims are supported by consultation, description of receipts are not acceptable v	service, name, qualifi	ed accounts and i	receipts showing number of the p	the name of the rovider. (EFTPO	patient, date o S and credit card
	All claims are supported by consultation, description of receipts are not acceptable of Receipts exceed \$50 in total incurring the cost. An itemised account, if claim Accounts and receipts are at The declaration is signed.	y the original itemise service, name, qualifi without the original i al, unless no claim n ming for multiple vis ttached in the same o	ed accounts and it deations and GST temised accounts nade in a year, an its, attached	receipts showing number of the p) nd are less than	rovider. (EFTPO	S and credit care
	All claims are supported by consultation, description of receipts are not acceptable of Receipts exceed \$50 in total incurring the cost An itemised account, if claim Accounts and receipts are at	y the original itemise service, name, qualifi without the original i al, unless no claim n ming for multiple vis ttached in the same o	ed accounts and it deations and GST temised accounts nade in a year, an its, attached	receipts showing number of the p) nd are less than	rovider. (EFTPO	S and credit care
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