

Overseas Visitors Health Cover

Global Assistance



Claim form

Please complete both sides of this application in CAPITAL letters. Post or fax the application to Allianz Global Assistance OVHC with all required attachments.

Policy holder details <input type="checkbox"/> please tick if your address has changed	
Policy number (must be provided):	
Type of policy: Budget Visitors <input type="checkbox"/> Visitors Plus <input type="checkbox"/>	Single plan <input type="checkbox"/> Dual family plan <input type="checkbox"/> Multi-family plan <input type="checkbox"/>
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Family name (surname):
Given name:	Other name/s:
Date of birth: ___/___/_____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	
	Postcode:
Daytime contact number:	Mobile:
Email address:	
Passport number:	Nationality:

Details of expenses claimed					
Patient's first name	Provider of service (e.g. Dr Jones)	Provider number	Date of service (dd/mm/yyyy) (e.g. doctor visit or medicine purchase)	Amount of invoice	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 to Allianz Global Assistance.
- If accounts are paid, original tax invoices and receipts must be attached to process your claim.
- If you hold a family policy (including dual family and multi-family policies) and are submitting a claim for a dependant covered by that policy, you must ensure your dependant's details are registered on your policy. You can do this in the 'Members' section of the website or call our Members Services on 1300 727 193.

This section must be completed for all claims	
Are the expenses related to one of the following?	<input type="checkbox"/> Work accident <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Not an accident
<input type="checkbox"/> Other type of accident (please specify)	
Are the expenses claimed for a medical assessment, x-ray or blood tests required for the renewal or issue of your eligible visa?	<input type="checkbox"/> yes <input type="checkbox"/> no
Please Note: You are required to provide a copy of your current eligible visa when making a claim.	
Total amount of all claims lodged in this instance: \$	

PLEASE TURN OVER AND COMPLETE PAGE 2 OF THIS FORM.

Claim form

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

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):

Payment to Australian bank account by EFT (Electronic Funds Transfer)

Please provide correct bank account details to ensure prompt payment (only complete if you have already paid the account and have attached original tax invoices and receipts). If correct bank details **are not** provided, a cheque will be sent to your Australian postal address.

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 Allianz Global Assistance to contact the hospital or provider of any service for further clarification of details relating to this claim if necessary.

Signature:

Date: ___/___/_____

Office use only

Incident #:

Allianz Global Assistance will endeavour to process your claim within 10 working days of receiving a completed claim form and all original documents.

Please return completed form to:

Allianz Global Assistance
Locked Bag 3004, Toowong QLD 4066
Phone: 1300 727 193
Fax: +61 7 3305 7316
Email: OVHCClaims@allianz-assistance.com.au

Did you know?

Direct Billing Medical Providers

Allianz Global Assistance has an extensive network of medical providers around Australia – show your valid membership card and you do not have to make a claim. The bill is sent directly to Allianz Global Assistance (some medical providers may charge a co-payment which cannot be claimed). Find your local Direct Billing Medical Providers online at www.allianzassistancehealth.com.au/ovhc.

Online Services – www.allianzassistancehealth.com.au/ovhc

Visit our website to:

- Renew your policy
- Order replacement membership cards
- View our helpful information video
- Read health and wellbeing information

24 Hour Emergency Helpline – 1800 814 781

Emergency access to medical, legal and interpreting services

Protection of your personal information

We collect your personal information

To arrange, manage, and provide your OVHC health cover, we (AWP Australia Pty Ltd trading as Allianz Global Assistance as agent for the insurer, Peoplecare Health Limited) collect, use, and disclose your personal information including sensitive information. We collect it from you as well as others including (but not limited to) your family members, travelling companions, universities, other educational institutions, Government Departments including those responsible for administering visa requirements for overseas visitors and students, doctors, hospitals, medical providers and others we consider necessary. We disclose your personal information to various persons and entities including those mentioned above as well as to others that assist us to provide our services and to carry out our normal business functions and processes including to claims investigators and for legal recovery purposes. For example, we collect, use, and disclose your name, address, date of birth, medical and other sensitive information for these purposes.

We also use and disclose it so as to comply with regulatory requirements. When you make a claim under your policy, you agree and consent to us collecting, using and disclosing your personal information (including sensitive information) as set out above including to your healthcare provider.

For more information about our handling of your personal information, including details about access, correction and complaints, please contact our Privacy Officer on (07) 3305 7000 or refer to our corporate privacy policy available on request or on the web at www.allianz-assistance.com.au.