

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

CBHS International Health is a business of CBHS Corporate Health Pty Ltd

ABN 85 609 980 896

Claim form

i. four personal actums							
Membership number Last name First name(s) Email address Birth date / / / / Y	Mobile number Y Y						
2. Receipts/invoices	Please attach the original receipts or invoices						
Number of receipts or invoices:	Would you like to update your bank details? Yes No						
	BSB						
Are all of these medical accounts fully paid?	Account number						
Yes No	Account name						

3. Declaration Note: We can't pay claims for a service that was more than 12 months ago.

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 conduct a Visa Entitlement Verification Online (VEVO) check with the Australian Department of Home Affairs for any members listed on my policy to determine eligibility to claim a benefit at the date of service and/or determine eligibility to hold a CBHS International Health policy. I understand and accept that CBHS International Health does not pay a benefit for any member deemed to be ineligible and that my policy may be terminated in accordance with the Fund Rules if I am ineligible for the policy.

I consent and am authorised to consent to the collection, use and disclosure of all personal and health information in accordance with the CBHS International Health Privacy Policy which can be accessed on the CBHS International website at chrisinternationalhealth.com.au/policies/privacy-policy or by calling 1300 174 537.

Full name	е										
Signature	9										
X											
Date	_	_	/			/	V	V	V	V	
	D	D	/	Μ	M	/	Υ	Y	Y	Y	

Save time and lodge a claim through the CBHS International app.

Rest assured that your health cover is with you, anytime you need it, anywhere you are. To use the CBHS International app, head over to the App Store or Google Play, and search for CBHS International Health (look out for the **blue** logo) and download!!



