

POSTAL ADDRESS
PO BOX 1721
CHRISTCHURCH
PH 365-4048



HEAD OFFICE
163 GLOUCESTER ST
CHRISTCHURCH

CLAIMS FORM

Acceptance Checklist

- Are all accounts paid, and the original accounts WITH receipts attached to the claims form?
- Receipts must exceed \$50 for your claim to be accepted (unless you have not claimed in the preceding year)?
- Are all receipts less than 15 months old? (They must be for the Society to refund them.)
- If claiming for multiple visits on one receipt have you attached an itemised account from your doctor?
- Is the claims form fully completed (both sides) including a precise description of the nature of illness for each visit? NB "consultation" or "check up" is NOT sufficient.
- Has the Hospital admission section (if applicable) been completed by the attending physician or surgeon?
- HAS YOUR ADDRESS CHANGED SINCE YOUR LAST CLAIM? NO
- Have you signed the declaration below?

Member's Name Mr A. B. Unimed Membership No. 123456
Full Address 110 Main North Road, Redwood,
Christchurch Employer

I certify that all particulars shown on this form are true and correct and I hereby authorise UniMed to obtain any further medical information they may need in connection with any claim submitted by me or my listed dependants.

Signed [Signature] Date 15 June 2004

PUBLIC/PRIVATE HOSPITAL ADMISSION (Cross out one).

This panel must be completed **by the attending Physician or Surgeon** or, in the case of a Public Hospital, by the Medical Records Office.

Patient's Name Date of Birth

Nature of illness?

Procedure performed?

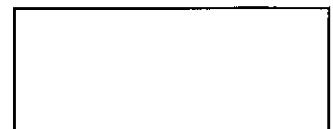
Was this condition due to personal injury by accident or an employment related condition? Yes/No
(please cross out one)

Date admitted Date discharged

Signed

Name
(Attending Surgeon or Physician)

Stamp here



PLEASE TURN OVER FOR GENERAL MEDICAL EXPENSES CLAIMS.

IMPORTANT - PLEASE READ CAREFULLY

Please list receipts for all medical costs and ALL PRESCRIPTION CHARGES INDIVIDUALLY, below. "Consultation" or "check up" is NOT sufficient for the "Reason for Visit" section (this information is for audit and planning purposes and helps ensure that benefits are kept current).

All claims cheques are payable to the member.

Reason for visit (must be advised) LIST MEDICAL COSTS HERE	Patient	Date of birth	Date of visit	Amount paid	Office use
eg TONSILLITIS	SALLY	01/01/40	01/03/92	\$ 25.00	
Cold, Flu Virus	Allan	08/11/65	18/9/03	\$50.00	
Hayfever, Blood Pressure	Allan	08/11/65	23/10/03	\$50.00	
Pains in Legs	Allan	08/11/65	5/12/03	\$50.00	
Diabetes	Kate	15/10/68	10/1/04	\$50.00	
Smear Test	Kate	15/10/68	20/2/04	\$65.00	
Flu	Kate	15/10/68	24/2/04	\$50.00	
Virus	Kate	15/10/68	3/3/04	\$50.00	
Sore Ears, Asthma	Steve	10/02/95	9/11/03	\$30.00	
Broken Arm - ACC	Steve	10/02/95	4/4/04	\$15.00	
Hayfever	Mary	27/8/97	30/7/03	\$30.00	
Cold, Flu	Mary	27/8/97	5/3/04	\$30.00	
Stomach Bug	Mary	27/8/97	20/4/04	\$30.00	
		/ /	/ /	\$	
		/ /	/ /	\$	
		/ /	/ /	\$	

LIST PRESCRIPTIONS HERE (for "Reason for Visit" put medication name from chemist's receipt)

Reason for visit (must be advised) LIST MEDICAL COSTS HERE	Patient	Date of birth	Date of visit	Amount paid	Office use
eg AUGMENTIN	SALLY	01/01/40	01/03/92	\$ 12.00	
Augmentin	Allan	8/11/65	18/9/03	\$25.05	
Inhibace, Histafen	Allan	8/11/65	23/10/03	\$30.00	
Metformin, Glipizide	Kate	15/10/68	10/1/04	\$35.00	
Augmentin	Kate	15/10/68	24/2/04	\$15.00	
Ciprofloxacin, Ventolin	Steve	10/2/95	9/11/03	\$27.00	
Voltaren	Steve	10/2/95	4/4/04	\$24.95	
Histafen	Mary	27/8/97	30/7/03	\$15.00	
Amoxycillin, Paracetamol	Mary	27/8/97	5/3/04	\$6.00	
		/ /	/ /	\$	
		/ /	/ /	\$	

TOTAL CLAIM \$ 678.00

PLEASE NOTE: It will greatly assist our claims staff if your receipts are attached to the claims form in the same order as they are listed above. This will enable your claim to be processed with the minimum delay.

HAVE YOU COMPLETED THE FRONT OF THIS FORM?