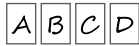# HOSPITAL EXCESS AND CO-PAYMENT
REFUND FORM

Please use black pen and print upper case.
Avoid contact with the edge of the box.

`A B C D`

Please complete this form if you're applying for a refund of the hospital excess or co-payment you've already paid for a hospital admission.

Please attach the invoice and receipt showing the excess or co-payment you've paid to the hospital.

Please note, we must wait for the hospital to finalise your account before we're able to process your refund. Depending on the hospital, this can take between 1–8 weeks.

Member and patient details

Membership number (if known)

Title

Member first name

Member surname

Mobile

Gender M/F

Date of birth ☐☐ / ☐☐ / ☐☐☐☐

Hospital name

Patient first name

Date of birth ☐☐ / ☐☐ / ☐☐☐☐

Managing your direct credit details

To avoid delays in processing your claim, please ensure your direct credit details are up to date. To check, or make a change, please visit the Online Member Services portal.

Declaration

I declare that the information on this form is true and correct. I authorise AIA Health to check any of these services with the relevant providers and authorise AIA Health to contact the provider to obtain any necessary information to either verify or audit this claim.

Signature of member

Date ☐☐ / ☐☐ / ☐☐

**Please return your completed and signed form to AIA Health via email: corporatehealth.claims@aia.com.au
or post: AIA Health, PO Box 7302, Melbourne VIC 3004**

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