# Hospital Excess Refund Form

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

myOwn health insurance with AIA Vitality

**Please complete this form if you are applying for a refund of the excess that you have already paid for a hospital admission. Please attach the receipt showing the excess you have paid to the hospital.**

## Member and patient details

Membership number (if known)

Employee ID

Title

Member first name

Member surname

Mobile

Gender M/F

Date of birth

Hospital name

Patient first name

Date of birth

## Direct credit details (Only complete this section if your details have changed)

Bank name

Account name

BSB number

Account number

Update membership with these account details for future credit transactions. ☐ Yes ☐ No

## Declaration

I agree to reimburse myOwn for any services claimed where compensations or damages are from another source (eg. Workers Compensation, TAC, or any other third party). I declare that I have incurred the expenses in this claim and that the information provided is true and correct.

I authorise myOwn to contact the provider to obtain any necessary information to either verify or audit this claim.

Signature of member

Date

**Return completed form to myOwn**

Once the form is completed, please return via post to **myOwn, PO Box 7302, Mebourne VIC 3004** or email **claims@myown.com.au**