Application to Claim Travel and Accommodation Expense

myOwn health insurance with AIA Vitality

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Avoid contact with the edge of the box. A B C D

To make a claim, the round trip must be at least 200 km within Australia. For more information on eligibility please refer to the Fact Sheet in your Member Portal or our Member Guide. Alternatively call us on 1300 300 338 .

1. Your details

Membership number

Mobile

Date of birth (DD/MM/YYYY) / /

Title

Member first name

Member surname

Title

Patient first name

Patient surname

2. Claiming for travel (Capped at 15 cents/km for travel)

Return distance between home and hospital km

Type of travel (car/train/bus/plane) for journeys of over 200km

Date travel commenced (DD/MM/YYYY) / /

Return date (DD/MM/YYYY) / /

I have attached a receipt for travel (petrol dockets are not required in the case of car travel). ☐ Yes

3. Claiming for accommodation (Capped at $50 per day)

First date of accommodation (DD/MM/YYYY) / /

Last date of accommodation (DD/MM/YYYY) / /

Date of hospital admission (DD/MM/YYYY) / /

Date of hospital discharge (DD/MM/YYYY) / /

Name of hotel/motel where you/your carer stayed

I have attached a receipt for my accommodation. ☐ Yes

4. Carer details

Was a carer required to support the patient's travel, or provide support before and after hospitalisation? ☐ Yes ☐ No

Carer's name

5. Declaration (To be completed by your GP or Medical Specialist)

I confirm that, in my opinion, the journey undertaken is/was necessary to receive hospital treatment because treatment is/was not available locally. ☐ Yes ☐ No

I confirm a carer was required to support the patient. ☐ Yes ☐ No

Signature of GP/Medical Specialist

Date (DD/MM/YYYY) ☐☐/☐☐/☐☐☐☐

Title ☐☐☐ First name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Provider number of GP/Medical Specialist ☐☐☐☐☐☐☐☐☐☐☐☐

6. Direct credit details (Only complete this section if your details have changed from where your premiums are deducted)

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 (Electronic signature accepted)

Date ☐☐/☐☐/☐☐☐☐

Return completed form to myOwn

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