Claim form.

UniMed

If your policy starts with a number (not letters) this is your form.

This form is for Members on Health Positive, Hospital Select Plus Modules, UniCare Advantage and other Health Plans or group insurance schemes issued by UniMed.

For the fastest processing and reimbursement, please claim online through your Member Portal. Just login or register at unimed.co.nz/claims.

If you can't submit online, email your form to claims@unimed.co.nz.

Any field marked by an asterisk (*) is mandatory and must be completed in all cases.

1. Details of Primary Member

Full name*

First name(s)

Last name

Policy/ Membership number

Date of birth* (dd/mm/yy)

Address*

Email

Phone number

UniMed pays your claim reimbursement directly to your bank account, so...

- If you have already provided us with your bank account details, tick **'Use my current bank details'**.
- Or, if your bank account details have changed please tick **'Add or update my bank details'**.

My bank account details*

- ◯ Use my current bank account details
- ◯ Add or update my bank account details:

Name on account (e.g. John Smith)

Bank name (e.g. ANZ, BNZ, Westpac)

Account number

Please refer to your Membership Certificate and the Terms and Conditions for policy exclusions.

2. Claims with prior approval

Please complete this section if you have already obtained approval for the medical treatment or procedure.

If you are claiming for a procedure, treatment or consultation that does not have prior approval, then please carry on to Section 3.

Prior approval number

Patient name

Procedure name	Name of provider/ facility	Date of procedure (dd/mm/yy)	Pay provider directly?	Amount charged
			◯ Yes ◯ No	
			◯ Yes ◯ No	
			◯ Yes ◯ No	
			◯ Yes ◯ No	
			◯ Yes ◯ No	

Total amount charged: $ 0.00

3. Details of all claims

Please ensure you complete all details clearly and include the itemised account/ invoice showing the name of the patient, date of treatment, description of service, qualification and GST number of the healthcare provider.

Note that if you do not attach confirmation of payment or a receipt with an invoice, we will make payment of the invoice directly to the provider unless this claim is under a reimbursement-only Health Plan.

Please provide full details relating to the nature of illness or treatment received such as the actual condition/ symptoms, e.g. chest infection.

More claim lines are available on Page 4. Need help? Please see unimed.co.nz/claims.

	Date of visit (dd/mm/yy)	Name of patient (in capitals please)	Name of doctor/ practitioner	Nature of illness/ treatment received	Amount paid/ invoiced
1					
2					
3					
4					

Total claim amount: $ 0.00

4. Declaration and authorisation

The personal and health information about you and those covered under your Health Plan is collected for the purpose of evaluating your claim.

Please refer to our Privacy Statement for more information about how your information will be used, our privacy practices, and your associated rights – unimed.co.nz/privacy.

Failure to provide the information requested may result in the claim being declined.

Are the events under this claim eligible for reimbursement from another health insurer or ACC?

◯ Yes ◯ No

☐ I declare all information provided in this form is true, correct and complete and that I have not omitted or misrepresented any information.

☐ If this form includes information about another person, I confirm that they have authorised me to submit this form on their behalf and they understand the information I provide will be shared with UniMed.

Signed*

Primary Member full name	Signature	Date (dd/mm/yy)

Details of all claims continued

	Date of visit (dd/mm/yy)	Name of patient (in capitals please)	Name of doctor/ practitioner	Nature of illness/ treatment received	Amount paid/ invoiced
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					