



Expatriate/Inpatriate medical expenses claim form

Returning this form

Please ensure that this form is completed and returned to VMIA by the following methods:

Post

Victorian Managed Insurance Authority
ABN 39 682 497 841
Level 10 South, 161 Collins St, Melbourne, VIC 3000
PO Box 18409, Collins St East, VIC 8003

Email

contact@vmia.vic.gov.au

Contact Relationship Manager for further information on 03 9270 6900.

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- All receipts are itemised and written in English or with an English translation (credit card slip showing payment is not sufficient)
- All relevant sections on claim form are complete
- Verified that your international banking details are correct
- Completed Medicare declaration for any medical expenses incurred within Australia

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We agree that, by submitting this form, the personal information I/We provide to VMIA in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Statement including for the processing of this claim.

Name

Title

Signature

Date

Any personal information you provide (or provided by a third-party such as a government body) in this Form is being collected by the VMIA for the purpose of administering VMIA's functions, under s6 of the Victorian Managed Insurance Authority Act 1996 (Vic), namely to provide insurance, risk advisory and claims handling services. Any personal information you provide will be treated according to the requirements of the Privacy and Data Protection Act 2014 (Vic), the Information Privacy Principles and the Victorian Protective Data Security Standards. VMIA will not act or engage in any practice that contravenes these provisions. Information will be handled in line with VMIA's Privacy Policy. You have the right to access and correct your personal information. Requests for access should be sent to the Privacy Officer, VMIA, PO Box 18409, Collins Street East, VIC 8003 or privacy@vmia.vic.gov.au.



Important: Please read before you complete this form

- Exchange rates and currency conversions will be taken from those listed on OANDA (www.oanda.com).
- Where expenses are incurred over multiple dates, an average exchange rate will be used.

Your details – All questions are required to be completed

Policy number	Name of insured company		
<input type="text"/>	<input type="text"/>		
Name of insured person			
<input type="text"/>			
Residential address (PO Box not accepted)	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Daytime contact number	Alternative number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Nationality	Country of expatriation		
<input type="text"/>	<input type="text"/>		

Payment details – Compulsory

Please note: We are not liable for any bank processing fees incurred by the beneficiary.
Please tick preferred method of payment for refund.

<input type="checkbox"/> AUD cheque	Payee
	<input type="text"/>
	Cheque postal address (if different from above)
	<input type="text"/>
<input type="checkbox"/> Direct/EFT payment	Account holder's name
	<input type="text"/>
	BSB number (6 digits) Account number Bank
	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(alternatively supply a deposit slip noting the following information)
<input type="checkbox"/> Foreign account	SWIFT CODE / SORT CODE / IBAN Account number Bank name
	<input type="text"/> <input type="text"/> <input type="text"/>
	Bank address
	<input type="text"/>
	Account holder's name Account holder's international phone number
	<input type="text"/> <input type="text"/>
	Account holder's residential address Account currency
	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Foreign currency draft	Payee Currency
	<input type="text"/> <input type="text"/>
	Draft postal address (if different from above)
	<input type="text"/>

Claim form

Important notes on claiming – In order to receive payment, you must:

1. Complete all sections of this claim form (including signing and dating the form).
2. Provide original itemised receipts written in English or with an English translation provided (credit card slips are not sufficient).
3. Itemised receipts must show all services separately, e.g. medical and pharmacy amounts shown separately.
4. All Family Members are to be included on the one form.

Important declaration for ANY treatment/expense incurred in Australia

(Please note, under the *Health Insurance Act s128a* fines apply for false or misleading information)

Are you entitled to claim Medicare benefits:

- As an Australian Citizen Yes No
- As a result of being granted or applying for permanent residency Yes No
- Under a Reciprocal Health Agreement Yes No
- Do you have private health insurance Yes No

Medicare number

Expiry date

	Date of account	Type of injury / illness	Name / Relationship	Treatment received	Service provider	Amount claimed	Currency	Paid
E.g.	15/08/2015	Earache	Sarah / Daughter	Consultation	Dr Jones	\$100.00	USD	Y
1								
2								
3								
4								
5								
6								
7								
8								

IMPORTANT: Itemise each expense/account and attach your invoices and receipts before submitting your claim.

Signature

Date

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