

Claim Form

Your details

First name: **Surname:**

Member Number: **DOB:** / /

Comments

Please leave a note below if there is anything special we should know about this claim. If not, just leave blank.

(For example: if you have changed your address or if you would like this claim paid into a different account. If you would like this claim paid into a different account, please write your BSB, account number and name on your account below. Note: we can not pay into a credit card or your key card number).

I acknowledge that

By lodging this claim:

- I certify this claim has been paid and that all related goods/services have been received.
- I authorise RBHS to use my personal information in accordance with the Privacy Policy.
- The services listed on this claim are not claimable from other sources e.g. Medicare or other third parties.
- I authorise any medical practitioner, health service provider or hospital to provide information about this claim.
- I acknowledge that all information related to this claim is true and correct.

Tick here to agree to these conditions.

For more info about our Privacy Policy please refer to myrbhs.com.au or call **1800 027 299**.

Submit

Mobile claim app

The RBHS mobile claiming app makes claiming even easier for members. Simply enter your details, take a photo of the receipt for your service and submit. The app is compatible with Apple and Android devices and is available to download from myrbhs.com.au/claimapp.