CBHS HEALTH FUND

CBHS Health Fund Limited ABN 87 087 648 717

Please send this claim form and any additional information:

By Post:
CBHS Health Fund Limited
Locked Bag 5014, Parramatta NSW 2124

Fax: 02 9843 7676
Email: claims@cbhs.com.au

Claim Form

1. YOUR PERSONAL DETAILS

CBHS Member number

Title Mr ◯ Mrs ◯ Miss ◯ Ms ◯ Dr ◯ DOB D D M M Y Y Y Y

Surname

Given names

Have you changed your details since your last contact with CBHS? Please log onto our member service centre to update your details at **cbhs.com.au** OR contact our Member Care team at **help@cbhs.com.au** or call **1300 654 123**.

2. RECEIPTS

PLEASE ATTACH RECEIPTS

Number of receipts

Are all accounts paid? Yes ◯ No ◯

Special instructions

3. DECLARATION

By signing this form, I declare the information supplied in connection with the claim is true and correct and I have the authority to lodge this claim on behalf of all dependants on the membership. I authorise CBHS to contact the provider of any service claimed and to obtain all information required to assess and process the claim, which may include, but is not limited to, patient records and clinical notes.

I consent and am authorised to consent to the collection, use and disclosure of all personal and health information in accordance with the CBHS Health Privacy Policy which can be accessed on the CBHS website at cbhs.com.au/policies/privacy-policy or by calling 1300 586 462.

Signature

✗

Date / /

Save time and lodge a claim through the **CBHS Health App.**

Rest assured that your health insurance is with you, anytime you need it, anywhere you are.

To use the CBHS Health App, first register for the Member Centre, then head over to the App Store or Google Play, search for CBHS and download!

Download on the App Store

GET IT ON Google Play