

Please send this claim form and any additional information:

Paper claims email: claims@cbhscorp.com.au

Eclaims email: eclaims@cbhscorp.com.au

By post: CBHS Corporate, Locked Bag 5098, Parramatta NSW 2124

Fax: 02 8604 3576

Claim Form

1. Your personal details

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 Corporate? Please log onto our Member Centre to update your details at cbhscorporatehealth.com.au/login

2. Receipts

 Please attach receipts.

Number of receipts

Are all accounts paid? Yes No

Special instructions

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

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

To use the CBHS Corporate App, first register for the [Member Centre](#), then head over to the App Store or Google Play, search for CBHS Corporate and download!

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 Corporate 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 Corporate Privacy Policy which can be accessed on the CBHS Corporate website at cbhscorporatehealth.com.au/privacy-policy or by calling 1300 586 462.

Signature



Date / /

