



INTERNATIONAL STUDENTS

Guidelines to Completing Health Care Claim Form

SECTION 1 – YOUR CONTACT DETAILS

- Please complete your personal contact details for full. Please refer to your Morcare card for certificate ID numbers.

SECTION 1B – PERSONS FOR WHOM YOU ARE CLAIMING

- Please complete this section with the names and date of birth of the person/persons for whom you are claiming. If alternative names are used on any invoices/receipts, ensure you give the alternative names on the claim form as without this information such invoices are not payable.

SECTION 2A – REASON OF CLAIM

- Please give us a brief explanation on the reason of your medical visit.
 - » **For Example: Fever, Cold, Finger cut from Cooking, Annual Body Check, Medical check for Placement for School, Vaccinations require for school program etc.**
- Please fill in the total amount that you are claiming.
- Please fill in the date you were first diagnosed with symptom(s)/condition(s).

SECTION 2B – PREGNANCY RELATED

- Please tick YES if the medical visit(s) for the claim is related to Pregnancy.
- Please fill in the due date for when the baby will be born.

SECTION 2C – ACCIDENT RELATED

- Please tick YES if the medical visit(s) for the claim is related to an Accident.
- Please give us a brief explanation on what happened.
 - » **For example: Car hit when crossing the road, Slipped on ice while walking etc.**
- Please give date of accident.

SECTION 2D – SCHOOL RELATED

- Please tick if your medical visit(s) are related to Co-op placement- a letter from school is required if this box is ticked, School program (eg. Early childhood education, Nursing).

SECTION 3 – PARAMEDICAL EXPENSES

- Please fill in this part if you are claiming for any lab tests, ultrasound and X-ray.

SECTION 4 – PHYSICIAN ACCOUNT RECORD

- If you have this form with you during your medical visit, please have the provider complete this section. If not, you may leave this section blank. You will be contacted if more information is required.

SECTION 5 – AUTHORISATION AND DECLARATION

- Please ensure that you sign and date your claim form. Incomplete claim form will result in longer processing time, so take a moment to ensure that all section(s) have been fully completed.

SECTION 5A – PAYMENT METHOD

- Please ensure you check either the Cheque or Electronic Fund Transfer box.
- If you chose the Cheque box, you do not need to fill out the remaining Bank information.
- If you check the Electronic Fund Transfer box, please complete the fields below and ensure you check for accuracy.
- Your Transit Number, Financial Institution Number and Account Number can be found at the bottom of a check relevant to the account, by logging into your bank account and locating a direct deposit form, or by simply contacting your bank and requesting the information.
 - » **Please Note : Transit Number (5 digits), Financial Institution Number (3 digits), and Account Number (7-12 digits)**

CHECKLIST

- Sign and date your claim form
- Complete each section of the claim form in full
- Attach original receipts / invoices with proof of payment if applicable

PLEASE RETURN THE COMPLETED FORM TOGETHER WITH YOUR RECEIPTS TO THE ADDRESS ON THE FORM