



# 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**

- Physician must complete this section if claiming for medical visit(s), hospital / physician services

### **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.

## **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**