

Dependant details

Dependant name

(person who had the service)

Family ID

Claim receipt details

I have attached number of claim receipts for processing.

Please ensure that all invoices/receipts attached list the following information:

- Provider name
- Date of service
- Provider number
- Type of service
- Patient full name
- Cost of service

All claims must be submitted within 12 months from the date of the service being performed. Any claim received that is over 12 months old will not be paid.

Annual limits are based on a financial year (1 July to 30 June) The date of service determines from which year the benefit is drawn. Only Dependant's covered by the program can claim. All receipts remain the property of ADF Family Health Ltd. Please make photocopies prior to submitting claims if you require them for your records.

Declaration

I declare that I am responsible for all claims in respect to this membership. I agree to fully reimburse ADF Family Health Ltd if a benefit has been incorrectly assessed or paid. The information in this claim is true and correct. I accept and agree to abide by the Conditions of Use as stated by the ADF Family Health Program. I also authorise ADF Family Health to contact the provider of the services to clarify any information contained in the accounts/receipts.

Dependant signature

Date

 / /

ADF Family Health Ltd ABN 61 092 229 000 (ADF Family Health, we, our, us) is collecting your personal information on this Claim Form for the purpose of processing your claim. If you don't provide your personal information, we may not be able to process your claim. We otherwise collect, use, disclose and handle your personal information in accordance with our Privacy Policy.

Did you know?



The fastest way to claim is by downloading the ADF Family Health app from the App store or Google Play store. Most providers also offer HICAPS, which allows you to swipe your ADF Family Health card at the time of service and only pay the difference, no need to fill out any forms.

Please complete and return to
adffh.claims@navyhealth.com.au

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Submit