

Please complete this form in addition to the Claim form if you required the services of an ambulance during your treatment.

Patient details

Policy number (must be provided):

Title: Dr Mr Mrs Miss Ms

Patient First name:

Other name/s:

Patient Family name (Last name):

Ambulance service questions

1. What was the nature of your illness or injury? Please provide a copy of the Ambulance report.

2. Did you call the ambulance, if not who did?

3. Did you require admission into Hospital? YES NO
If yes, please provide the discharge summary.

4. Were you only treated in Emergency and discharged on the same day? YES NO
If yes, please provide the discharge summary.

Please return completed form to:

Allianz Care Australia
Locked Bag 3004, Toowong QLD 4066
Phone: 1300 727 193
Fax: +61 7 3305 7316
Email: OVHCClaims@allianzcare.com.au

Please note, if the information provided is insufficient, we may require you to assist with further information.