## Overseas Visitors Health Cover Ambulance Claim form



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

Policy number (must be provided):  Titie: Dr Mr Mrs Miss Ms Patient First name:  Other name/s: Patient Family name (Lost 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?  If yes, please provide the discharge summory.  4. Were you only treated in Emergency and discharged on the same day? YES NO If yes, please provide the discharge summory.	Patient details	
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Allianz Care Australia		
Locked Bag 3004, Toowong QLD 4066 Phone: 1300 727 193	Locked Bag 3004, Toowong QLD 4066	
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