CGU SEE IT THROUGH.

MEDICAL EXPENSES REIMBURSEMENT FORM

Your name _____ Your claim no. _____

Your employer/company name _____

Notes & Instructions:

- Please list each expense item individually.
- Original receipts must be provided to support your claim for reimbursement. Please attach any small receipts to an A4 size piece of paper (standard size) along with your claim number to assist us in promptly processing your request.
- Reimbursement can take up to 15 days to be processed once all required documentation is received.
- Reimbursement is paid in full if expenses are considered reasonable.

Doctors & Allied Health Consults (Physiotherapy/Chiropractor/Etc)

If you have already claimed a reimbursement from a private health insurer, you will need to ask your insurer for a statement of benefits paid in order for CGU to consider reimbursement for any gap costs.

Treatment type	Date of consultation	Clinic Name	Cost
	D D / M M / Y Y		$
	D D / M M / Y Y		$
	D D / M M / Y Y		$
	D D / M M / Y Y		$
	D D / M M / Y Y		$
		Sub-Total	$

Imaging (X-Rays, Scans) & Pathology (Blood Tests)

Type of test	Date of service	Referring doctor	Cost
	D D / M M / Y Y		$
	D D / M M / Y Y		$
	D D / M M / Y Y		$
		Sub-Total	$

Prescription Medication

For prescription medication, please ensure you obtain an 'Offical Pharmacy Receipt'.

Name of medication	Date of purchase	Prescribing doctor	Cost
	D D / M M / Y Y		$
	D D / M M / Y Y		$
	D D / M M / Y Y		$
	D D / M M / Y Y		$
		Sub-Total	$

Non-Prescription Medication, Aides & Other Items (I.e. Knee Brace, Hire Of Crutches)

All items should be recommended by your doctor or allied health provider.

Item description	Recommended By (name or doctor or allied health provider)	Reason for purchase	Cost
			$
		Sub-Total	$
		GRAND TOTAL	$

CGU Claim Payment

Payee		
Amount		
Received		
	Initial	Date
Approved		
Entered		
Certified		

Notes ☐ B/O ☐ 0 GST ☐ A/S

Declaration

I declare that the expenses claimed on this form are in direct connection with my work related injury/ies and have not previously been claimed for.

Signed _____

Date D D / M M / Y Y

WOR0855 REVO 7/15

Insurance Australia Limited
11 000 016 722 trading as
CGU Workers Compensation