OneFamily

Medicare claim form

1. Member

Group No. Reg No.

Title Mr Mrs Ms Miss

Full Name

Address

Postcode

2. Patient

Full Name Age

Condition/Symptoms

Treatment Received

3. Patient's general practitioner

I confirm that the treatment being claimed was undertaken as a result of referral from my GP, whose name and address are as follows:

Full Name

Address

Postcode

4. Declaration

The treatment was recommended by my GP and the expenses cannot be recovered from any other source.

Signature ✘ Date D D M M Y Y Y Y

The enclosed accounts are: paid unpaid (please tick appropriate box)

For office use only

Claim No.

DOJ

Paid to

Preclusions

Scale

Renewal Date

Assessed

Checked

Chq. Authorised

For office use only

	In-patient	Outpatient	Benefit
Acc. Charge From	£ p	£ p	£ p
To	£ p	£ p	£ p
Theatre Charge	£ p	£ p	£ p
Drugs & Dressings	£ p	£ p	£ p
Surgeon/Physician	£ p	£ p	£ p
Anaesthetist	£ p	£ p	£ p
Consultation	£ p	£ p	£ p
Radiology	£ p	£ p	£ p
Pathology	£ p	£ p	£ p
Manipulative Therapy	£ p	£ p	£ p
Other	£ p	£ p	£ p
Totals	£ p	£ p	£ p

OneFamily, Hornbeam Park Avenue, Harrogate, HG2 8XE tel; 01423 855000 fax; 01423 855181.

OneFamily is a trading name of Engage Mutual Health (EMH)(Company Registration Number 515058). EMH is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. EMH's Financial Services Register number is 202311.
You can check this on the Financial Services Register at www.fca.org.uk/firms/systems-reporting/register or by contacting the FCA on 0800 111 6768.

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