

Your online claim form – print and save

Please read the instructions at the bottom of this form.

Section A: Your details

MBF policy number

71457576

Date

12/07/2010

Surname

Mantilla

First name

Anecito

Email address

johnmmd@mantilla.name

Section B: Provider details

Provider number

2650787

Provider name

JO

Section C: Claim details

Claim reference number

206529566810

Patient's name

Jessica Mantilla

Date of service	Service description	Billed amount	Benefit amount
29/03/2010	COMPREHENSIVE ORAL EXAMINATION	\$ 40.00	\$ 25.60
29/03/2010	TOPICAL REMINERALIZING &/OR CARIOSTATIC AGENTS, ONE TREATMENT	\$ 20.00	\$ 16.80
Total \$			42.40

Instructions

Print out your claim form.

Original receipt from the provider of the service must be retained for two years.

Important

Any benefits you receive from Extras healthcare providers are subject to the standard conditions of your Extras Cover including limits and waiting periods of your cover. You will be responsible for paying any extras gap at the time of the service. Please remember you can only claim for extra services provided by an MBF Recognised Provider.

Please retain your benefit statements for your personal tax records.