

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

252347A

Provider name

MILJKOVIC-PETKOVIC

Section C: Claim details

Claim reference number

294501147360

Patient's name

Charina Mantilla

Date of service	Service description	Billed amount	Benefit amount
10/07/2009	INITIATION OF A PATIENT EPISODE BY	\$ 2.40	\$ 2.40
10/07/2009	BLOOD GROUPING (INCLUDING BACK-GROUPING IF	\$ 41.30	\$ 41.30
10/08/2009	INITIATION OF A PATIENT EPISODE BY	\$ 2.40	\$ 2.40
10/08/2009	MICROSCOPY AND CULTURE TO DETECT PATHOGENIC	\$ 34.00	\$ 34.00
16/10/2009	SPECIALIST REF CONS SURG, HOSP OR NH - SUBSEQUENT ATTEND	\$ 80.00	\$ 39.70
16/10/2009	CYTOLOGY OF SMEARS FROM CERVIX: (A) FOR DETECTION OF	\$ 16.70	\$ 16.70
16/10/2009	INITIATION OF A PATIENT EPISODE THAT	\$ 7.05	\$ 7.05
Total			\$ 143.55

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.