

## 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

0017050F

Provider name

NEWCASTLE PRIVATE HOSP

### Section C: Claim details

Claim reference number

H245508200073

Patient's name

Charina Mantilla

Date of service	Service description	Billed amount	Benefit amount
31/08/2009	Hospital	\$ 4030.00	\$ 4030.00
		Total \$	4030.00

### 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.