

Section 12: Woolworths Travel Claims Medical Authority Form

Please return completed form to Woolworths Travel Claims and include claim number in subject line.

Email Address travelclaims@woolworthsinsurance.com.au
Phone Number 1300 10 1234
Postal Address Woolworths Travel Insurance Claims
Locked Bag 2010
St Leonards, NSW 1590

Complete this form if your Claim is due to an accident, illness, disability or death.

The form must be completed by the patient whose illness or injury resulted in this Claim or Executor of the Estate in the event of a death.

I authorise Woolworths or its representatives to obtain from any person or organisation any information regarding treatment for the condition(s) which resulted in this claim. I acknowledge that a photocopy of this authorisation shall be considered as valid as the original.

Policy Number:	<input type="text"/>		
Claim Number:	<input type="text"/>		
Patient's Full Name:	<input type="text"/>		
Patient's Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Patient's Signature:	<input type="text"/>
Executor of the Estate's Full Name (if applicable):	<input type="text"/>		
Executor of the Estate's Signature (if applicable):	<input type="text"/>		
Name of Patient's Usual Doctor/Dentist in Australia:	<input type="text"/>		
Doctor/Dentist's Phone Number:	<input type="text"/>		
Doctor/Dentist's Fax Number:	<input type="text"/>		
Doctor/Dentist's Email Address:	<input type="text"/>		
Doctor/Dentist's Postal or Practice Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>