

Ambulance Questionnaire



Latrobe Health Membership Number:

Ambulance Invoice Number:

Emergency Ambulance Transportation is defined as transportation or treatment of an unplanned and non-routine nature for the purpose of immediate medical treatment.

Section 1 – General Information about Member Transported		
1. Is the date of transport correct on the invoice? a. If 'No' what is the correct date of transport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date:		
2. Do you subscribe to an Ambulance Service membership in your home state? a. If 'Yes', please provide membership number & association.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Association or State		
Association Number		
3. Was this transport because of a Workplace Accident (Workcover), TAC Injury or Victim of Crime? a. If 'Yes', Contact or submit invoice to the relevant organisation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you a Pensioner or DVA Health Care Card Holder? a. If 'Yes', please provide the card number and expiry date. Note: A Seniors card is not a recognised card to support Emergency Ambulance Transport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Card No:		
Expiry Date:		
Section 2 – Federation Health 'Ancillary Only' Memberships		
1. Was the transport for emergency purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. If your transport is in relation to either you or a family member being transferred from one hospital to another, please indicate who initiated this transfer.	Member <input type="checkbox"/>	Doctor <input type="checkbox"/>
Reason for Transfer:	Name of Doctor (If applicable):	
3. If your transport related to you or your family member being transferred from hospital to home, please supply us with a letter from your treating doctor stating that it was medically necessary that you required Ambulance transport to your home.	Please attach letter	
Section 3 – Benefit		
1. Has the account been paid? a. If 'Yes', please provide a copy of the receipt.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Direct Credit Details Note: Your refund will be credited directly to your nominated bank account held on file. Alternatively, if your details have changed or you wish the funds to be deposited to an alternative account as a once off, please complete the following.	Bank Name	
	Account Name	
	BSB Number	
	Account Number	
Section 4 – Submission		
Please note that the completion of this form is to capture all relevant information, Latrobe Health requires a copy of the invoice which will be assessed against our fund rules.		
We will confirm whether your eligible to claim once the above completed questionnaire and invoice has been received.		
For prompt processing, once completed to the best of your knowledge, please submit via info@lhs.com.au with subject line as Member Number XXXXXXXXX – Emergency Ambulance Claim		

Office Use Only:

Submission to be via e5 > Member Experience > Claims > Ambulance