The Exeter

Medicare claim form

Once you have completed the claim form, please return it with the required information to:
The Exeter, Claims Department, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ

1. Member

Group ID

Title* Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Full Name*

Address*

Postcode*

2. Patient

Full Name Age

Condition/Symptoms

Treatment Received

3. Patient's general practitioner

I confirm that the treatment being claimed was undertaken as a result of referral from my GP, whose name and address are as follows:

Full Name

Address*

Postcode*

4. Declaration

The treatment was recommended by my GP and the expenses cannot be recovered from any other source.

Signature Date

The enclosed accounts are: paid ☐ unpaid ☐ (please tick appropriate box)

For office use only

Claim No.

DOJ

Paid to

Preclusions

Scale

Renewal date

Assessed

Checked

Chq. Authorised

For office use only

		In-patient	Outpatient	Benefit
Acc. Charged From		£ p	£ p	£ p
To		£ p	£ p	£ p
Theatre Charge		£ p	£ p	£ p
Drugs & Dressings		£ p	£ p	£ p
Surgeon/Physician		£ p	£ p	£ p
Anaesthetist		£ p	£ p	£ p
Consultation		£ p	£ p	£ p
Radiology		£ p	£ p	£ p
Pathology		£ p	£ p	£ p
Manipulative Therapy		£ p	£ p	£ p
Other		£ p	£ p	£ p
Totals	£	£ p	£ p	£ p

*This information is mandatory

DAP2015001232