

Winter Sports Medical Reimbursement Form

Please complete and submit this form to:

To: alex.drayton@owia.org

Cc: peter.caine@owia.org

You MUST attach proof of the following:

1. Itemised invoice
2. Payment receipt



Athlete Details

Athlete Name: _____

Contact Number: _____

Email: _____

Medical Appointment Details

Date of service (dd/mm/yy): _____

Type of service: _____

Total Fee Paid: _____

Bank Account Details:

Please provide bank account details if not previously supplied.

Bank: _____

Account name: _____

Account number: _____

BSB: _____

OWIA will reimburse the difference between OWIA agreed medical rates and the Medicare rebate via transfer to your nominated bank account.