

CLAIM FORM ➔

## Aesthetic Plastic Surgery Protection

Call ATC for assistance on 03 9258 1770

### Surgeon's details

Surgeon's first name/s: \_\_\_\_\_ Last name: \_\_\_\_\_

Surgeon's address: \_\_\_\_\_

Surgeon's telephone: \_\_\_\_\_

Surgeon's email: \_\_\_\_\_

Place of surgery: \_\_\_\_\_

If your claim is approved, your claim benefits will be transferred directly to your bank account. Please provide your account details.

Bank name: \_\_\_\_\_ Bank branch: \_\_\_\_\_

Account name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account No. \_\_\_\_\_

### Patient details

Patient ID: \_\_\_\_\_

Patient sex: Male  Female

Patient DOB: \_\_\_/\_\_\_/\_\_\_

Date & time of 1st procedure: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_ AM/PM

Dated pre-surgery photos: Yes  No  Dated post-surgery photos: Yes  No

Please also supply the patient's clinical records, including the patients past medical history, pre-operative consultation notes, operation notes, post op in & out patient notes, letters to GPs, details of any medication taken at the time of the procedure and any other documents or reports you consider may assist in analysing the claim.

### Covered procedure

- Abdominoplasty
- Blepharoplasty – upper
- Blepharoplasty – lower
- Botox and fillers, genuine dermaroller
- & non-surgical other
- Brachioplasty
- Breast asymmetry
- Breast augmentation
- Breast implant removal
- Breast reconstruction
- Breast reduction
- Breast uplift/mastopexy/mammoplasty
- Brow lift
- Buttock implants/gluteoplasty

- Calf augmentation
- Cheek augmentation
- Chest reduction (male) – gynaecomastia
- Chin augmentation/mentoplasty/genioplasty
- Ear correction and reshaping/otoplasty
- Earlobe surgery
- Eyebrow transplant
- Eyelash transplant
- Eyelid reconstruction
- Facelift
- Fat grafting
- Labiaplasty
- Lip enhancement
- Liposuction

- Male pectoral implants
- Mini facelift
- Nipple reconstruction
- Nose reshaping/rhinoplasty
- Ptosis
- Scar revision
- Sebaceous cyst and lipoma removal
- Septoplasty and submucous resection
- Septorhinoplasty
- Silicone brow/fascia lata brow/
- Suspension ptosis repair
- Skin flaps - Id flap, scap, tug, tram or diep flap
- Skin lesion and mole removal
- Tattoo removal
- Thigh lift
- Total body lift/weight loss/circumferential lipectomy
- Varicose and thread veins
- Wart and verruca removal

Diagnosed condition: \_\_\_\_\_

Date & time of remedial treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_ AM/PM

### General Disclosure

**Please carefully read the following important information before signing and dating the declaration.**

#### Privacy

In this statement "we", "us" and "our" means Lloyd's and ATC Insurance Solutions (ATC) as its agent.

We are bound by the requirements of the *Privacy Act 1988* (Cth), the *Privacy Amendment (Private Sector) Act 2000* (Cth) and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. This sets out standards on the collection, use, disclosure and handling of personal information.

Our Privacy Policy is available at [www.atcis.com.au](http://www.atcis.com.au) or by calling us on the number below.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties (and/or collect additional personal information about you from them) who assist us in providing the above services and some of these are likely to be overseas recipients in the United Kingdom.

These parties which include our related entities, distributors, agents, insurers, claims investigators, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory authorities, including Medicare Australia and Centrelink will only use the personal information for the purposes we provided it to them for (unless otherwise required by law).

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information and request correction if required. You may also opt out of receiving materials sent by us by contacting ATC on (03) 9258 1777 or write to us at the address given on page 1.

#### Declaration

I do solemnly and sincerely declare that the above particulars are true and correct in every detail and I agree that if I have made, or in any further declaration in respect of the claim make, any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever, the cover shall be void and all rights with respect to this claim and any future claims shall be forfeited.

Surgeon's signature: \_\_\_\_\_

Full name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_