Personal Accident and/or Illness
Medical Expenses Form

acs FINANCIAL

Policy Number (if known) **Insured Name** **Claimant Name**

Reimbursement is calculated as follows:
A - D in the case of no Medicare component
Please note: Federal Legislation prohibits us from contributing to out of pocket expenses against Medicare eligible services.
Please note: In the case of a "Medicare gap" being paid by your Health Fund, no further benefit is claimable through ACS Financial.

		A	B	C	D	Office Use Only	
Date Expense Incurred	Item Description	Fee Charged	Scheduled Fee	Medicare Benefits	Health Fund Benefit	Amount Payable by Insurer	Details