Premium Health Appeals Form

Use this form to submit an appeal regarding a decision made by Premium Health. Please complete all sections and attach any supporting documentation. Appeals must be submitted within 10 working days of the original decision.

- Full Name of Appellant:
- Student ID (if applicable):
- Contact Email:
- Contact Phone Number:
- Date of Original Decision:
- Decision Being Appealed:
- Grounds for Appeal (please explain why you believe the decision was unfair or incorrect):
- Supporting Documents Attached (list or describe):

- Preferred Resolution or Outcome:

- Signature:

- Date of Submission:

Submit to: info@premiumhealth.com.au