

Public Hospital – Member eligibility enquiry

Eligibility checks will only be provided for pre-booked admissions that are within seven days of the admission. The form can be completed online by typing in the fields below. Once completed please click 'Submit' below.

Please attach signed members private election form and allow 5 business days for a response.

Hospital to complete

Hospital name

Hospital provider number

Contact person

Date

Phone number

Email

Member name

Member number

Date of birth

Admission date

MBS item numbers

Non-MBS treatment group (eg. Dental, In-patient Podiatric surgery)

The above contact person confirms that the Member authorises them to request this information.

The Hospital acknowledges:

- that the information provided by HBF in this form is not valid and cannot be relied upon by the Hospital where this verification is conducted more than five business days prior to the admission of the member to the Hospital;
- that where the information provided by the Hospital is incorrect or incomplete HBF may not pay a Benefit to the Hospital.

Privacy statement

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988 (Cth)* to ensure that your personal (including sensitive) information (**Information**) is protected. HBF will use the Information collected on this form to verify whether the above member is eligible for hospital benefits and to note this request and response on the members membership record with HBF. We may not be able to perform this function or only perform it to a limited extent if you do not provide us with the requested Information.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy and if you are a provider Collection Statements: Providers / Health Practitioners, which is available at www.hbf.com.au or on request by calling an HBF Member Service Advisor on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law and make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint.

If you have any questions about how HBF handles your Information, please contact our Privacy Officer by writing to GPO Box C101, Perth, Western Australia, 6839 or by telephoning 1300 883 530.

Submit

For HBF to complete

Product

Excess applicable

Wait periods served

 Yes No

Financial

 Yes No

Accommodation

Excluded services

Restricted services

Comments

Processed by

The above information is only to be used for the purpose of verifying eligibility for HBF hospital benefits for the episode of care for the member listed on the form. This information must not be disclosed and is not to be used for any other purpose.

Where “Eligible for Benefits” is noted on this form, this means that the member will be covered for the in-hospital service on the basis of the above MBS item number provided by you on this form, subject to benefit limits, co-payments, restrictions, non-payable items and excesses applicable to a members level of hospital cover as determined from the information you have provided. The Member may not be eligible for benefits in the event the information provided is inaccurate or the MBS item changes.

If you or the member considers the above result may be incorrect, you should contact HBF immediately by calling us on 1300 810 475 or by email at eligibility@hbf.com.au