

# Travel and Accommodation Claim

Travel and accommodation benefits are payable on Gold Hospital Elevate for a member and their carer when associated with a hospital admission for an included treatment. Waiting periods, minimum travel distances, eligibility criteria and exclusions apply. For further details on what you can claim, please refer to the [Membership Guide](#).

## How to complete this form:

1. Please complete this form using black ink and write within the boxes in capital letters. Mark appropriate boxes with a cross.
2. Complete the claim form and attach all associated cost receipts. If the form is incomplete, or you fail to attach the required receipts, your claim cannot be processed. We recommend you keep a copy of these documents before submitting your claim.
3. Post to HBF, GPO Box C101 Perth WA 6839.

Once received, your travel and accommodation claim will take 10-15 days to process.

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## 1 Member details

Member number

Given names

Family name

Phone number

Email

Residential address

Postcode

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## 2 Carer required

Was a carer required to support the patient's travel or whose presence was integral to the management of the patient's condition?

Yes No

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## 3 Associated Hospital Admission

Hospital name

Treating Physician's name

Admission date

Discharge date

Admitted as a private patient?

Yes No

Admitted treatment (please include any MBS items if applicable)

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## 4 Travel

**Reminder:** to receive a benefit towards eligible travel costs, you must provide copies of receipts or invoices with this claim form.

Transportation type(s)

Travel from

Travel to

Date(s) of travel:

Travel to place of treatment:

Commenced

Completed

Return travel to residence:

Commenced

Completed

Total distance travelled (kms)

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## 5 Accommodation

**Reminder:** to receive a benefit towards eligible accommodation costs, you must provide copies of receipts or invoices with this claim form.

Name of accommodation

Number of nights stayed    Cost per night

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## 6 Member Declaration

I certify that:

- the service to which this claim relates has been received;
- that the information contained within this form and supporting accounts is true and correct; and
- that these costs have not been covered by a third party.

I authorise the Hospital or Medical provider of the associated Hospitalisation to provide to HBF all requested information, including clinical records relating to the service for the purpose of providing benefits in accordance with HBF's privacy policy.

I consent to the terms of the privacy statement below.

Signature (policyholder/partner or permanent authority)

Date (DD MM YYYY)

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## 7 Medical Clinician Declaration (to be completed by your referring GP or Medical Specialist)

I confirm that the hospital admission details outlined in this form are correct

Yes    No

I confirm a carer was required to support the patient

Yes    No    N/A

Title            First name

Surname

Signature

Date (DD MM YYYY)

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### Additional Claim Information

- A benefit may not be paid if the claim is lodged later than two years from the date of service.
- All accounts are retained by HBF and cannot be returned. Please keep a copy of accounts and receipts for your records.
- Please ensure your membership is paid until at least the date of treatment.

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### Privacy statement

HBF collects, uses and discloses your Information in accordance with our [Private Health Insurance Collection statement](#) and our [Privacy Policy](#) available at [hbf.com.au](http://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, how to 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 Member Service centre on 133 423, or at [memberexperience@hbf.com.au](mailto:memberexperience@hbf.com.au).