# Health claim

**Before you complete this claim form** – Did you know that you can claim online at hbf.com.au/myhbf?

**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 your accounts, receipts and if applicable, Medicare Statement of Benefits form. We recommend you keep a copy of these documents before submitting your claim.
3. Post to HBF, GPO Box C101 Perth WA 6839.

**Please note, we are unable to pay a benefit for medical services provided out of hospital (i.e: outpatient medical services), except for members on some overseas visitor policies.**

## 1 Member details

Member number | First names | Surname

Phone number | Email

**Do you need to add or update your details?**
You can add or update your contact or direct credit details through logging in to hbf.com.au/myhbf, via the HBF App or alternatively, you can call us 133 423.

**Note:** We no longer make payments by cheque. To enable us to pay your benefits, **you must set up your direct credit details prior to submitting this claim form.**

## 2 Ambulance claim

Only complete this section if you are claiming for ambulance transport.

Do you receive a Centrelink Age Pension? ☐ Yes ☐ No

Do you receive a Department of Veterans' Affairs Age Service Pension? ☐ Yes ☐ No

Do you hold a valid Pensioner Concession Card? ☐ Yes ☐ No

Pensioner Concession Card number | Expiry date (DD - MM - YYYY)

## 3 Is this claim resulting from an accident?

For example motor vehicle accident, workplace injury, medical negligence.

☐ Yes ☐ No If yes, have you or will you be submitting a claim for compensation? ☐ Yes ☐ No ☐ Unsure

## 4 Important declaration

I certify that the service to which this claim relates has been received, that the information contained within the account is true and correct and authorise the provider of the service to provide to HBF all requested information, including clinical records relating to the service. I consent to the terms of the privacy statement below.

Signature (policy holder/partner/permanent authority) | Date

## 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.
- If you would like an authorised person to make claims on a regular basis, on your behalf, please complete the authorised person section under hbf.com.au/myhbf or call us on 133 423.

## 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 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.