

# Non-member Plus Hospital – Member eligibility enquiry

The form can be completed online by typing in the fields below. Once completed, please return your form via email to [eligibility@hbf.com.au](mailto:eligibility@hbf.com.au).  
**Please allow 2 business days for a response.**

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## 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.

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## Privacy statement

HBF collects, uses and discloses your Information in accordance with our [Providers/Health Practitioners 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).

**For HBF to complete**

Product		Excess applicable	<div></div>
Wait periods served	Financial	Accommodation	<div></div>
Yes    No	Yes    No		
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 in 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](mailto:eligibility@hbf.com.au)