

Medical Provider – Member level of cover verification

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.
Please allow 2 business days for a response.

Provider to complete

Provider name	Provider number
Contact person	Date
Phone number	Email
Member name	Member number
Date of birth	Estimated 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 Provider acknowledges:

- that the information provided by HBF in this form is an overview of the members cover effective as at the date the information is provided only. The information cannot be relied upon outside of this date;
 - that where the information provided by the provider is incorrect or incomplete HBF may not pay a Benefit to the Provider.
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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 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.

For HBF to complete

Product

Wait periods served Yes No

Excluded services

Restricted services

Comments

Processed by

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