



Health claim

Before you complete this claim form

- Did you know that you can claim online at hbf.com.au/myhbf?
- If you're making a claim at an HBF branch you only need to complete this form if someone will be lodging the claim on your behalf.

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 1440, 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

Have your contact details changed?

If you need to change your contact details or direct credit details, please update these prior to submitting this claim form by logging into hbf.com.au/myhbf

Note on direct credit

If you haven't informed us that you would like your benefit paid into your bank account, we'll automatically issue you with a cheque.

2 Ambulance claim

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

Do you receive a Centrelink aged pension?

Yes No

Do you receive a Department of Veteran Affairs age service pension?

Yes No

Do you hold a valid pensioner concession card?

Yes No

Pensioner concession card number

Expiry date

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 GapSaver

Tick here if you have GapSaver and would like to use your benefits towards your gap payment.

5 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

6 Authority to collect benefit

Please complete if someone is collecting on your behalf at one of our branches.

I authorise the person whose signature I have witnessed here to collect cash/cheque due to me in respect of this claim.

Authorised person's signature

Authorised person's name (please print)

Please turn over for Privacy Statement

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 can not 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 someone other than the policy holder or partner is making a claim, please complete section six. The authorised person will be required to produce identification.
- 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.

Your privacy

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 from third parties in connection with your claim (see the declaration overleaf), to assess and process your claim. HBF also engages third parties to carry out functions on behalf of HBF such as claims administration and they may collect the information you supply on this form and pass this information to HBF in order for HBF to assess and process your claim.

When you make the claim you consent to HBF collecting related sensitive information directly from the third parties described above or, if you are not the recipient of the treatment or service the subject of the claim, you give consent on behalf of that recipient. We will also use the Information to assess your suitability for, enrol you in and administer health and wellness related services such as chronic disease management programs and health management programs.

The policy holder is responsible for maintaining the policy and paying premiums. So we will disclose information to them about benefit limits and treatment for all persons covered by the policy. We may also disclose to service providers contracted by us to offer you services in chronic disease management or health management.

We may not be able to perform this function or only perform it to a limited extent if you do not provide us with your Information. We may disclose your personal information to our related companies.

The personal information we collect may be disclosed to our related companies. By making this claim you give your consent to us sharing the personal information we collect (including sensitive information) with related companies of HBF (the HBF Group) for the purpose of preventing and detecting fraudulent or invalid claims or misrepresentation, which would cause loss to the HBF Group.

We may also disclose:

- certain personal information to your bank or financial institution if you choose to have your benefit paid by direct credit, and to any person you authorise to collect your benefit on your behalf, and
- personal (including sensitive) information to our service providers (who may provide some services directly to you on our behalf) including claim administrators, claim auditors, IT support and health and wellness providers.

At your request, HBF may provide a transfer certificate or claims history containing your Information to an overseas insurer nominated by you. By making such a request, you give consent for your Information to be transmitted overseas in these circumstances.

HBF is also obliged by the *Private Health Insurance Act 2007* (Cth) to maintain certain transaction records and make those records available to the Department of Health, the Private Health Insurance Ombudsman and Department of Human Services. We will disclose this and any other information as required by law.

If you do not provide personal information, which is required, or give the authority in the declaration overleaf, HBF may not be able to process your claim.

In most circumstances you have a right to access any personal information, which we collect and hold about you. Please contact us if you wish to access your personal information. We may deny your request in some circumstances and if we do this, we will tell you why.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy, which is 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 privacy officer by writing to GPO Box C101, Perth, Western Australia, 6839 or by telephone on 1300 883 530.