

Member Claim form



OFFICE USE ONLY

This form is to be completed by the main member, an authorised person, or the member to which the claim relates.

Please complete all relevant sections and mail your form (with all original receipts) to our freepost address

Health Partners Claims Assessor, Reply Paid 1493, Adelaide SA 5001.

1. CLAIM DETAILS If you need more space to fill in claim details, please attach on a separate sheet.

Patient's First Name eg Michael	Initial	Date of Birth	Name of Provider eg Dr S Jones	Fee Charged	Date of Service	Has the account been paid?

2. ENTITLEMENTS Are you intending to claim any of these services from a third party such as Workers' Compensation or any other source?

Yes No *If yes, please read the Important Information overleaf.*

3. HOSPITAL DETAILS Were any of the above services rendered whilst an Inpatient or a Day Patient in Hospital? Yes No

Patient's Name	Name of Hospital	Date Admitted	Date Discharged

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DATE RECEIVED:

4. YOUR MEMBERSHIP DETAILS

Member Number _____

Name (first name) _____

(surname) _____

Address _____

_____ Postcode _____

Phone (Home) _____ (Work) _____

Is this a change of address? Yes No

Only the main member/authorised person can make this change for the whole membership.

5. YOUR PAYMENT I would like the benefit to be paid by:

Direct Credit into my previously nominated account (*one account per membership only*).

If you wish to change to Direct Credit, or update your nominated account, please complete your details below.

Name of financial institution _____

BSB No. _____ - _____ Account No. _____

Name of account holder _____

Cheque By default cheques will be made out to the main member, or to the provider for unpaid accounts. If other, please specify: _____

Please read the Important Information overleaf.

6. DECLARATION In respect to the services provided, I declare that:

- I authorise Health Partners to contact the hospital or provider for clarification of any details of the attached claim.
- I have provided information about each member with their consent.
- I have read and understood, and ensured that each member is aware of, Health Partners Privacy Policy.
- All information supplied is true and correct.
- I am authorised to submit a claim for this membership.

Name _____

Signed _____

Date ____/____/____

Important Claiming Information



When submitting your claim please note the following

- Claims must be supported by the original itemised account(s) and/ or Medicare Statement(s). We cannot pay benefits on quotes. Itemised accounts must show the following information:
 - provider's name, provider number and address
 - patient's full name and address
 - date of service
 - description of service, including any item numbers
 - amount charged.
- Claims are payable by Direct Credit (one account per membership only) or Cheque.
 - Once Direct Credit payments have been processed a statement will be sent outlining benefits paid.
 - Cheques will be made out to main member or the provider for unpaid accounts. A cheque can only be made out to a dependant for a service relating to them.
- Claims can be submitted via freepost to Health Partners Claims Assessor, Reply Paid 1493, Adelaide SA, 5001, or in person at 86 Pirie St, Adelaide (over the counter cash claiming is not available).

- Benefits must be claimed within 2 years from the date of service and count towards limits for the year in which the service was provided.
- Benefits are only payable on goods and services provided within Australia by Health Partners recognised providers.
- Benefits are not payable during waiting periods, if your membership is unfinancial or was suspended at the time of treatment.
- Not all benefits are payable on all covers. Please refer to the Health Partners product brochure, healthpartners.com.au or Member Services on 1300 113 113 for details on benefits specific to your cover.
- Claims for apparatus are only payable when accompanied by a letter from your medical practitioner.
- Benefits are not payable for expenses incurred in relation to an injury where you have received, or may be entitled to receive, compensation.

Before submitting your claim, please ensure you have completed all relevant sections of the claim form, all details are correct, and you have attached any relevant documents. The processing of your claim may be delayed if you do not complete all relevant sections.

Claims for Doctors' bills in hospital

A Medicare Statement is required to claim inpatient medical benefits. Benefits are not payable for outpatient services, emergency department fees or where the patient was classified as a 'public patient'.

Your privacy is always a priority at Health Partners

If you would like a copy of our privacy policy please contact us on 1300 113 113 or visit healthpartners.com.au.

If you have any questions about your benefit entitlements or how to make a claim please call Member Services on **1300 113 113**.