Claim Form

Health Insurance Fund Australia Ltd (HIF)
ACN 128 302 161
An Australian public company limited by guarantee
A registered private health insurer

60-62 Stirling Street, PERTH WA 6000
HIF, GPO Box X2221 PERTH WA 6847
Phone: 1300 13 40 60 Fax: (08) 9328 1685
Email: claims@hif.com.au Web: hif.com.au

Please complete details on both pages (where applicable) and enclose full itemised original accounts and receipts. HIF will retain all original accounts and receipts.

HIF Membership Number	Membership Surname	Please use black pen and print upper case. Avoid contact with the edge of the box. A B C D F

Ancillary Claim Details

Please enter all details of claim that are shown on invoice/receipt.

Within 'Service ID' please enter the three-character service ID (below) that corresponds to the service performed. For Dental claims please enter the ADA code listed on your Dentist invoice.

Service ID Key OPT – Optical PHY – Physiotherapy CHI– Chiropractic POD – Podiatry NAT – Naturopath ACU – Acupuncture OST – Osteopathy OTH – Other

	Patient First Name Eg JOHN	Provider No 0112632B	Provider Surname Eg SMITH	Service Date D D M M Y Y	Service ID or ADA Code OPT or 114	Dental Claim Tooth ID	Fee 9999.99	Paid ✓
1								
2								
3								
4								

Medical Claim Details (in-hospital accounts)

Name of hospital	Date admitted	Date discharged
Medicare card number	**Card reference number**	**Card expiry date**

Doctor(s) Name	At what stage did the doctor advise you in writing of the treatment cost?		
	Prior to treatment	After treatment	Not at all

Ambulance Accounts (if applicable)

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

Pensioner Concession Card number:

Are you entitled to claim benefits from your home state/territory ambulance scheme? ☐ Yes ☐ No

Please complete this section if this claim is the result of an accident:

Date of accident

Type of accident ☐ Motor vehicle ☐ Home, school or sporting ☐ Whilst at work ☐ Other - please specify: _____

Update Your Details (only complete if applicable)

☐ Please change my details (as below/overleaf) for this claim only.

☐ Please change my details (as below/overleaf) for all future HIF transactions.

Claimant Declaration

I declare that I have incurred the expenses to which this claim relates. None of the items claimed relate to an incident for which compensation or damages can or will be made. To the best of my knowledge and belief all information is true and correct.
I authorise HIF or its agent to contact the provider of any service if clarification of details is required, or if it is necessary to verify or audit this claim.

Member signature _____ Date

Direct Credit Details (only complete if your details have changed)

Account in the name of

BSB Account Number

Authority to Collect Benefits

Complete this section if someone is collecting on your behalf. I authorise the person whose signature I have witnessed here to collect cash due to me in respect of this claim.

Authorised Person's Name	Authorised Person's Signature	Date	Member's Signature

Change of Address

Street Address

Suburb | State | Postcode

Email Address

Home Phone | Mobile Phone | Work Phone

Are you taking advantage of HIF's Online Member services?

You can update you cover details, check your claims history, download important documents like your health insurance tax statement and more. Just go to **hif.com.au**, click on "**Members Centre**" and **register for access** – it's easy and convenient!

Important Information

Please note:

- Receipts must be produced if the account has been paid.
- Account documents will be retained by HIF.
- Claims must be lodged within two years of the date of service.
- Benefits for services or treatment rendered outside of Australia are not payable by HIF.
- To submit your claim, accounts and receipts by post, please mail all documentation to: **HIF, GPO Box 2221, Perth WA 6000.**

When lodging a claim, please ensure the following details are included:

- The member's full name
- The patients's full name
- The healthcare provider's name
- The member's signature
- An itemised account
- The receipt (if paid)

You can obtain payment in a number of ways:

- In cash, up to a specified limit at **60 Stirling Street, Perth WA 6000**. Please present your membership card when claiming.
- By EFT directly into your nominated bank, building society or credit union account ("Direct Credit")
- By cheque through the post The cheque will be issued in the member's name and posted to the member's address as shown on this claim form.

In a Hurry? *Fast-Track* Your Claim.

If this is a fully paid claim for an ancillary service (not an in-hospital or day patient service) and the fee is no more than $700, you can now ***Fast-Track*** your claim by submitting it to HIF by email or fax*.

Simply sign your completed claim form, then fax it (along with all associated invoices and receipts) to **08 9328 1685**. Alternatively scan your signed claim form, receipts and invoices, then email all the documentation to claims@hif.com.au

For more information about other ways to claim, visit hif.com.au

* Conditions apply.