

# Make a Claim



**Tell us a little bit about your claim. Don't forget we also need you to send us itemised original accounts and receipts.**

You can also login to your Member Centre to update your details 24/7. Just visit [hif.com.au/members](http://hif.com.au/members)

## Member details

Member number:

Surname:

First name of patient shown on invoice:

**Yes, I've paid the invoice** *(please tick)*

**Yes, I've paid the invoice** *(please tick)*

**Yes, I've paid the invoice** *(please tick)*

**Yes, I've paid the invoice** *(please tick)*

## Have your payment details changed?

*(Please complete only if you'd like to update where your benefits are paid to)*

Please change my details for this claim only

Please update my details to reflect the account details I pay my premiums from (sorry, benefits cannot be paid to credit cards)

## Direct Credit Registration

(benefits will always be paid to this account unless one of the above boxes is ticked)

Account name:

BSB:

Account Number:

## Was the claim resulting from an accident?

I confirm this claim is the result of an accident and may be eligible for compensation from another source.

Yes / No

*(If you tick yes, that's ok, we'll just send you another questionnaire to complete about the claim.)*

### Things you should know

We need you to send us all your receipts if you've paid the account. These documents are then kept on your file.

We're only able to make payments for services provided within Australia. If you've used a service just make sure you put your claim in within 2 years, after that we're not able to make a benefit payment.

If you have already claimed benefit from Medicare, please ensure you include the Medicare Statement of Benefit in your claim submission.

Please post all documentation to:

**HIF, GPO Box X2221  
PERTH WA 6847**

**Please complete the declaration on the following page before submitting your form.**

**Need help?** Call us on **1300 13 40 60** email [hello@hif.com.au](mailto:hello@hif.com.au)

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

# Claim Form

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## Have your personal details changed?

Email:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Telephone:

Mobile:

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## Declaration

I declare that I have incurred the expenses this claim relates to. To the best of my knowledge and belief, all information is true and correct. I authorise the provider of this service to provide to HIF all requested information necessary to verify or audit this claim.

Signature:

Date:

*Once you have completed the form, please email it to us at [hello@hif.com.au](mailto:hello@hif.com.au) or mail to Claims Department, Health Insurance Fund of Australia GPO Box X2221 Perth WA 6847*