

# Medical Claim Form



## Member details

Member number:

First name:

Surname:

Address:

Phone number:

**OR** Email Address:

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## Provider details

Provider name:

Provider number:

Provider address:

Date of service:

Description of services:

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## Payment details

Yes, I've paid this invoice *(If you have already claimed from Medicare, please include the Medicare Benefit Statement and HIF will pay your eligible benefits into your nominated bank account).*

No, I have not paid this invoice *(If no, please complete the below declaration).*

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## Assignment of Benefit Declaration

*Assignment of Medicare Benefits (AoB) relates to authorisation by the patient, or an assignor, for Medicare to pay any eligible Medicare benefit directly to the treating health professional or hospital, rather than reimbursing the patient.*

I assign my right to Medicare benefits pertaining to services rendered by the above mentioned provider for treatment to myself/patient.

Signature of patient/assignor:

Date:

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## Claim submission declaration:

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:

*\*Please refer to the Health Cover Guide at [hif.com.au](http://hif.com.au) for more information regarding the pre-existing condition rule, waiting periods and benefit limitations*

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## 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:

### Things you need to know

Once you have completed the form, please email it to us at [claims@hif.com.au](mailto:claims@hif.com.au) or mail to:

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