

Overseas Student Health Cover Claim Form

Membership Information											
Membership No.								Title	Surname		

Given Name/s				Business Hours Contact No. ()			
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Address			Do you want all mail to be sent to this address?		
_____			Yes <input type="checkbox"/> No <input type="checkbox"/>		
postcode					

Claims Information – eg doctor’s consultation, ambulance service, prescription items			
Patient’s Given Name	Provider of Service	Have you paid the account? Yes/No	Is this claim as a result of an accident? Yes/No

Were any of these services provided in a hospital or day hospital facility? Yes No

Agent’s Authority	
Complete this section if you want another person to make this claim on your behalf. Both you and your agent must sign below prior to lodging the claim. Your agent will be asked to provide personal identification.	
Agent’s Name	Claimant’s Signature
Agent’s Signature	

Important Points
<ul style="list-style-type: none"> Do not send your membership card when claiming through the post. Please present it when claiming in person. Further information is provided on the reverse side of this form.

Privacy Statement and Claimant’s Acknowledgment and Declaration

Medibank Private appreciates and highly values its relationship with its members. As an important part of this relationship, we are committed to protecting all personal information entrusted to us. To enable us to provide the services you have come to expect from Medibank Private as your chosen health benefits organisation, you entrust us with personal information concerning you and your dependants including sensitive or health information provided when claims are processed.

We will only use this personal information for the “approved purposes” stated in the Medibank Private Privacy Policy. These “approved purposes” include the primary purpose for which we collect personal information which is to enable the provision of health benefits to you. We are responsible for providing to you and your dependants a full and comprehensive range of health benefits services. The approved purposes include but are not limited to processing claims for benefits. For more details, please refer to the Medibank Private Privacy Policy.

I declare and acknowledge that:

- I consent to the use and disclosure of my personal information for the approved purposes identified in that policy and otherwise in accordance with that policy.
- I may withdraw consent to the use of my personal information and the personal information of any dependant aged below 16 years (and any dependant aged 16 years and over may withdraw his or her consent) for any approved purpose which is unrelated to the provision of health benefits services.
- I have authority to provide the personal information (including sensitive information and health information) of the dependants in respect of whom a claim is made.
- I have incurred the expenses detailed in this claim which are not and will not be subject to a compensation or damages claim.
- I authorise any medical practitioner, hospital, or other health service or health provider to supply from time to time to Medibank Private full and complete details of all or any medical treatment, hospitalisation, injury, disease, ailment or diagnoses concerning me or my dependants and acknowledge that I have the consent of each dependant aged 16 years and over to give this authority on his or her behalf.
- The services are not related to the medical assessment, x-ray or blood tests required by the Department of Immigration and Multicultural Affairs for the renewal of student visas.
- All information supplied in connection with this claim is true and correct.

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Signature

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Date

Receipt of Benefits	
Received the sum of	Signature
\$	
	Date

Further Information for Claimants

How to Claim

Call personally at a Medibank Private Retail Centre or cash payment agency. Medibank Private Retail Centres are listed in your local telephone directory. For details of our cash payment agencies contact our enquiries line on 132 331 *OR*

Post your claim to:

Medibank Private GPO Box 9999 In the Capital City of your State

Cheque claims for unpaid and paid accounts can also be lodged at any Medicare office for forwarding to Medibank Private for processing and payment.

If you want to claim for hospital expenses you will need to lodge a hospital claim form, which is available from the hospital.

Enquiries

For all enquiries please call 132 331 or visit your nearest Medibank Private Retail Centre.

Payment of Benefits

Cash payment (up to a specified amount) can be obtained at any Medibank Private Retail Centre or cash payment agency if you have paid the account in full. Present your membership card along with the account/receipts to any Medibank Private Retail Centre or cash payment agency. There is no need to complete a claim form.

Claims posted to Medibank Private or lodged at Medicare offices will be paid by cheque and posted to the membership address.

All cheques will normally be posted to the membership address. *It is important to notify us when you change your address, to prevent cheques and other correspondence from going astray.*

Benefits are payable for hospital expenses, medical services, emergency ambulance transport and prescription pharmaceuticals. However, benefits are not payable for other ancillary services (eg chiropractic, dental services, glasses or contact lenses). If you require cover for these services, you will need to take separate **Extras** type cover. A separate membership card will be issued in such cases.

Benefits are not payable for medical examinations (together with associated x-rays and pathology) required by the Department of Immigration and Multicultural Affairs as part of the student visa renewal process.

OFFICE USE ONLY