

## Claim Form

In order for MBF Health Pty Ltd to assess, process and otherwise deal with your claim MBF Health Pty Ltd directly and through its agent, Insurance Australia Limited, needs to collect your personal information, including health related information. The information will be kept confidential and will only be used and disclosed with your consent and in accordance with the MBF Information Handling Policy.

Please answer all questions and tick boxes where appropriate. Leaving a question blank may delay the processing of this form.

### Section 1 - Policy details

Policy number

### Section 2 - Policy holder's details *(Use block letters)*

Mr  Mrs  Miss  Ms  Other

Surname/Family name

Given name(s)

Residential address

Postcode

Postal address

Postcode

Is this the permanent mailing address for this policy number?

Yes  No

Home telephone number

Is this a silent number?

Yes  No

### Section 3 - Do you need to add a newborn child?

No  Go to 4

Yes  Give details below

Surname/Family name *(Use block letters)*

Given name(s)

Date of birth

Male  Female

### Section 4 - Claim details

Has the account(s) been paid?

Yes  No

If a receipt is not provided, a cheque will be made payable to the provider.

How many documents are attached?

### Section 5 - Does this claim apply to the medical gap for hospital claims?

No  Go to 6

Yes  Give details below

Hospital name

Admission date

Discharge date

### Section 6 - Important points on claiming

- Detailed account/receipt documents for ancillary/extras claims (eg. Dental, Chiropractic, Optical) must be submitted when claiming.
- Medicare statement of benefit required for Medicare Gap.
- All documents will be retained by MBF Health Pty Ltd unless accompanied with a stamped, self addressed envelope.
- MBF Health benefits are provided in accordance with the terms and conditions set out in the Fund Rules.
- Waiting periods apply to members who are new to private health insurance or who are upgrading their level of cover. Full details, contact MBF Health.

An important waiting period is the 12 month waiting period for pre-existing ailments. A pre-existing ailment, illness or condition is one where, after examining medical evidence, a medical practitioner appointed by MBF Health considers that signs or symptoms would have been in existence at any time during the six months preceding the application for membership or upgraded cover. It is not necessary for the signs or symptoms to have been diagnosed by a doctor when the member joined or upgraded their level of cover.

If you disagree with MBF Health's assessment, MBF Health will refer the evidence to a medical practitioner of its choice, whose opinion will be binding and final

- Claims must be made within two years of the date of service or treatment.

### How to claim

- Post completed claim form with accounts/receipts to:  
SGIO Health Insurance Claims  
GPO Box 9933  
IN YOUR CAPITAL CITY

### Section 7

Is there an entitlement to a claim for compensation or damages from a third party?

Yes  (see over section 9) No

## Section 8 - Declaration

I declare that:

**a.** The documents attached supporting this claim are for services rendered to myself or a registered dependant on my policy and that all information on this form is true and correct.

I authorise my doctors, hospital, service provider and any other person concerned with my hospitalisation, treatment or diagnosis to supply all relevant information to MBF Health Pty Ltd and anyone acting on behalf of MBF Health Pty Ltd. I hereby consent to MBF Health Pty Ltd collecting and using such information for the purposes of assessing and dealing with this claim.

**b.** I have not received benefits from MBF Health Pty Ltd or another fund or source for the services claimed.

**c.** I authorise my previous health fund to release to MBF Health Pty Ltd, or a medical practitioner appointed by the Fund, all information required to confirm my entitlement to benefits.

**d.** I agree to repay MBF Health Pty Ltd any benefits I receive which I am otherwise not entitled to receive under the Fund Rules.

Policy holder's signature

Date

## Section 9 - Declaration in relation to entitlement to claim compensation or damages or where a claim has been finalised

In relation to your current claim, where there may be compensation from another source, we request that you supply us with the following information.

Do you intend to lodge a claim for compensation or damages?

No  Yes  See below

Have you settled any claim for compensation or damages?

No  Yes  See below

Details of accident

  
  
  

Date of accident

Type of accident (eg motor vehicle, work)

Solicitor's name/address/phone number

  
  

Present status of claim

  
  

Any other relevant details

  
  
  

## Important Information

If a member has an accident or is injured (eg. in a motor vehicle accident, or as a result of their employment) they may be ineligible for any benefits from MBF Health for any treatment relating to that accident or injury. If a member has received or has or might have a right to receive compensation or damages from a third party, those costs are not payable by MBF Health, whether or not the compensation or damages was intended to cover those costs and whether or not the member pursues the claim. If such costs are initially paid by MBF Health, they must be paid back.

I, the undersigned, hereby undertake to repay MBF Health Pty Ltd any monies paid on my behalf by MBF Health Pty Ltd, that I receive in compensation for the above described accident.

Name (Use block letters)

Policy holder's signature

Date

## Postal Address

GPO Box 9933, IN YOUR CAPITAL CITY

## Office Locations

### Head Office

46 Colin Street  
West Perth 6005

### Perth Branch

The Atrium  
168 St Georges Terrace, Perth

## Regional Branches

### Goldfields

93 Hannan Street, Kalgoorlie

### Mid West

45 Cathedral Avenue, Geraldton

### South West

11 Sterling Street, Bunbury

Quotes & Enquiries  **133 234**