

Membership Information

Membership No. 	Title	Surname
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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	

Complete for Extras, Ambulance and Medical Gap Claims (other than GapCover Claims)

A Medicare statement must be attached for Fund Gap Claims

Patient's Given Name	Provider of Service	Have you paid the account in full? Yes/No	Did this treatment result from an accident? Yes/No	Are you claiming a Package Plus Bonus? 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

- 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.
- All information supplied in connection with this claim is true and correct.

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Claimant's Signature

/ /

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

Payment of Benefit

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.

Cheques for unpaid accounts will be made payable to the provider of the service. Complete the claim form and attach the account for the service and either mail to the address above or deposit at your nearest Medibank Private Retail Centre.

Cheques for paid accounts will be made payable to the contributor or spouse. Complete the claim form and attach the account/receipt for the service and either mail to the address above or deposit at your nearest Medibank Private Retail Centre.

Cheque claims for unpaid and paid accounts can also be lodged at any Medicare office for forwarding to Medibank Private for processing and payment. A Two-Way Agency claim form, which is available at all Medicare offices, must be completed.

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.*

Benefit is not payable if your membership is unfinancial.

Benefits and Conditions

Medibank Private brochures and Membership Guides provide a summary of the main benefits and conditions.

Adding a New Born Baby

If you have a new born baby to add to your membership, complete the following details.

Surname	Given Name/s	Sex	Date of Birth
			/ /

Medical Gap Claims (other than GapCover Claims)

Members who hold a hospital cover with Medibank Private can claim the difference between the Medicare benefit and Medicare Benefit Schedule (MBS) fee (or doctor's charge, if lower). The services must be provided as an inpatient of a hospital or day hospital facility.

If you intend making a claim under Medibank Private's GapCover arrangements, you will need to complete a separate GapCover claim form.

Enquiries

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

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