

Claim Form

Please read the important information on the back of this form to ensure correct submission of claim(s) and mark the appropriate answer boxes with an 'X' in black ink.

1. Member Information

Membership Number: _____

Title: _____ First Name: _____ Surname: _____

Date of Birth: ____ / ____ / ____

Preferred day time contact number: _____

I agree to be contacted by phone regarding any additional information required with this claim.

I hold an Overseas Student, Visitor or Working Visa cover.

2. Claim Information

Please note, Medibank will only pay benefits for claims lodged within two (2) years of the date of service and your membership must be current at date of service. Payments will be made by your preferred method (EFT / Chq) and a statement of benefit (not available for OSHC members) will be sent to the address we have on record. If you wish to update your details simply log into Online Members Services.

Claim Type

Extras Medical Hospital

Are you claiming your membership bonus? Yes No

| Date of service | Type of service | Provider Name | Is the account paid in full? | Is this related to compensation? |
|-----------------|-----------------|---------------|--|--|
| ___/___/___ | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ___/___/___ | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ___/___/___ | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ___/___/___ | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ___/___/___ | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Compensation claims: If your claim relates to an injury or illness caused by the negligence of a third party (eg motor vehicle accident, workers' compensation, common law), you may be entitled to compensation. Please ensure you tick "Yes" in the above table if you think you may be entitled to compensation from a third party (i.e. from an entity other than Medibank).

I declare and acknowledge that: • All information supplied in connection with this claim is true and correct. • I consent to the handling of my personal information provided with this claim in accordance with the Medibank Private Privacy Policy. • I authorise any hospital or health service provider to give Medibank Private any information as may be necessary to assess this claim. • The expenses detailed in this claim are not, and will not be, subject to a compensation or damages claim.* • If I am lodging this claim for another person, I declare that I have their consent to lodge this claim and to make the above declarations and acknowledgements on their behalf. *Benefits are not payable where you have, or may have, an entitlement to receive compensation or damages. In such circumstances, we expect that you will pursue that entitlement. We may make provisional benefit payments on application, subject to our Fund Rules and policies, but you must agree to repay such payments, in full, from your final settlement.

| | | | |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|

3. Checklist / Considerations

- I am claiming services from a Medibank recognised provider.
- Receipts and/or accounts for each claim attached are original, itemised in full, written in English, and are on the provider's official stationery or have the provider's official stamp.
- Attached is the Medicare Statement of Benefits and my receipts (you'll receive this from Medicare if you've made a claim for medical services in hospital).
- Invoices attached reference the provider and the item numbers.

Lodging a claim

1. On the spot claiming for some extras services are available at participating providers.
2. Online Members Services – Visit www.medibank.com.au/login
For OSHC members, visit www.medibankoshc.com.au
3. By Mail – Send the completed claim form to:

Medibank Private
GPO 2984 Melbourne VIC 3001
4. In person at a Medibank store.

Managing my membership online

Our Online Member Services is an easy, secure way to manage most aspects of your membership. Go online to check membership details, update your contact details, change your level of cover, view or order statements, and let us know where to pay benefits. You can even make some claims through Online Members Services.

Find out more about Online Members Services, visit www.medibank.com.au
For OSHC members visit www.medibankoshc.com.au

We're here to help

Call us on **132 331** or visit one of our Medibank stores for help with completing this claim form or any general enquiries.
For OSHC members, please call **134 148**.

Privacy Statement

We collect and use your personal and sensitive Information to enable us, other Medibank Group Companies and our third party suppliers and partners to provide you with products and services, including insurance, health related services and partner offerings and to give you information on other products and services. If we do not collect this information, we may not be able to provide you with these services.

We may collect your information from you, another person on your membership, a person authorised to provide us this information on your behalf, another Medibank Group company or a third party. Where you give us personal information about others, you must ensure that you let them know what information you are giving us and that you have their consent to do so. You should also let them know about this Statement. We may disclose your personal information to persons or organisations in Australia or overseas including other Medibank Group Companies, our service providers and professional advisers, health service providers, our suppliers and partners, government agencies, financial institutions, your employer (if you have a corporate product) and your educational institution, migration agent or broker (if you have OSHC or a visitors cover). We may also disclose your information to other persons covered under your policy or your agents and advisers. We may disclose your personal information overseas to other Medibank Group Companies or third parties who provide services to us including in India, the United States and New Zealand. We or another Medibank Group Company may contact you to market products and services and to keep you informed of special offers from Medibank Group Companies and third parties, including by direct mail, SMS and MMS messages, by phone and email. You can choose how we communicate with you and manage your consents to receiving promotions and offers by calling us on **132 331**, visiting one of our stores, or accessing the Manage My Preferences page within the Online Member Services facility.

Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information we hold about you, how you can lodge a privacy complaint and how we manage such complaints. You can obtain a copy of our Privacy Policy by contacting us or at medibank.com.au or contact our Privacy Officer at 720 Bourke Street, Melbourne, VIC 3008 or e-mail privacy@medibank.com.au