

# Visitors Cover Claim Form

Medibank Private Limited ABN 47 080 890 259

Please read the important information on the back of this form.

## 1. Membership information

My Membership number				My title	My family name	My first name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address				Suburb	P/code	
Is this my permanent or temporary address?				If you ticked permanent your Membership records will be updated to reflect this if you're the Contributor. The Contributor is the first person listed on the Membership Card.		
Please tick Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>						
Phone number during business hours ( )				Mobile phone number		

## 2. Agent's authority

Complete this section if you want someone else to make this claim for you. You and your agent must sign the form before your agent presents the claim. Your agent will need to provide personal identification when they make the claim.	Agent's name
	Agent's signature
	My signature

## 3. Claims information – Complete for medical (e.g. doctor's consultation), ambulance, and/or extras (eg. physiotherapy) claims. Please note, Medibank Private will only pay Benefits for claims lodged within 2 years of the date of service.

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

Patient's name	Service provider (e.g. Dr Smith)	I have paid the account in full.	Are there any claims for compensation or damages relating to this service?
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 4. Add a newborn child or Dependent Child. Only the Contributor on a Membership can add a Child to the Membership.

Child's last name	Child's first name	Male/Female	Date of birth
<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /
<input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /

## 5. Privacy statement and declaration

### 1 Privacy statement and declaration

We collect your personal information so that we can provide you with insurance and related products and services and to comply with our legal and other obligations. We may not be able to perform these functions if you do not provide us with your personal information. We may collect your personal information from a person responsible for the management of your Membership or other authorised person. Generally, you have the right to gain access to personal information we hold about you.

From time to time, we may send you marketing materials about other products or services which we think could be of interest to you. We may send these materials by email or text message. If you wish to withdraw your consent for us to send you marketing materials, either by mail or electronically, please contact us.

We may disclose your personal information to third parties such as:

- our service providers
- health service providers
- financial institutions
- your employer, if you have a corporate insurance product.

To obtain the latest version of our Privacy Policy, visit our website at medibank.com.au or drop into a Medibank store.

### 2 Declaration and acknowledgement

I declare and acknowledge that:

- I consent to the use and disclosure of my personal information in accordance with the Medibank Private Privacy Policy, as amended from time to time.
  - I have the authority to provide personal information, including sensitive information and health information, about the dependants for whom I am making this claim.
  - The expenses detailed in this claim are not, and will not be, subject to a compensation or damages claim.\*
  - I authorise any medical practitioner, hospital or other health service provider, to give Medibank Private, from time to time, full and complete details of all or any medical treatment, hospitalisation, injury, disease, ailment, diagnosis, or other information about me, my spouse/partner or my dependants for the purpose of assessing my entitlements under my level of cover. I have the consent of each person to give this authority on their behalf.
  - All information that I supply in connection with this claim is true and correct.
- \* 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.

My signature	Date / /
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## 6. Benefit receipt

I received \$	My signature	Date / /
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## How to claim

### At a Medibank store

You will need to complete this claim form if:

- you have not fully paid your account – we will send you a cheque which will be made payable to the provider of the service. You are responsible for paying any difference between the total charge and the Benefit we pay.
- someone else is making the claim on your behalf. See the Agent's authority section on the front of this form.

### By mail

Do not send your Membership card when you claim through the mail.

To claim through the mail, complete and sign this Visitors Cover Claim Form and send it to the address below with your service provider's account. If the account has been paid, your receipt, with complete details, must be attached. Accounts must show details of all services received from the provider.

**Medibank Private**  
**GPO Box 9999**  
**In your capital city**

## What happens next?

Once your claim has been processed, if a Benefit is payable we will post a cheque for the relevant amount to the address registered on your Membership – unless you have ticked the Temporary box on the front of this claim form, in which case we will post the cheque to the temporary address. If you have not paid your account in full, the cheque will be made payable to the service provider. If the account has been paid in full the cheque will usually be made payable to the

contributor. You are responsible for paying any difference between the service provider's total charge and the benefit we pay.

For privacy reasons, where the service was received by a Member aged 16 years or over, the statement relating to the claim will be addressed to that Member.

## Other information

For information on what is and is not covered under your Visitors Cover please refer to your Visitors Cover Membership Guide, visit one of our Medibank stores or go to [medibank.com.au](http://medibank.com.au)

If you are admitted to hospital you will need to lodge a hospital claim form, which is available from the hospital.

## We're here to help

If you have any questions about your Membership, please call us on 132 331, drop into a Medibank store or visit our website at [medibank.com.au](http://medibank.com.au)

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