Medibank
Accident Claim Form

Claims under Accident Override require completion of all sections of this form by you or your Parent/Guardian. Accident Override is not available on all products. Refer to your Cover Summary for more information.

Medibank requires this information to determine whether the condition for which hospitalisation is required is the result of an accident and to confirm whether you are eligible for payment of any benefits towards the costs of your hospital treatment.

Please complete and submit this form prior to arranging hospital treatment. Please note that any costs incurred in completing this form are not claimable from your health insurance. If you are admitted to hospital and we have not determined if you are eligible for benefits, you should ask the hospital and your admitting specialist to explain any out of pocket costs you might incur if no benefits are payable, as these costs may be significant. If you are admitted in an emergency situation, you are still required to complete and submit the form as soon as practicable.

Section 1: Compensable accidents

Are the circumstances of the accident such that you may be entitled to compensation from another source, for example: a claim with your state's Workers' Compensation authority or motor vehicle accident authority or a claim against some other party?

Please tick Yes or No below:

YES ☐ NO ☐

You may be contacted by our Compensation Team to provide additional information about your claim.

Section 2: Membership details

Membership number:

First name: Date of birth: / /

Family name:

Residential address:

State: Postcode:

Mobile phone number: Home phone number: ( )

Email address:

Section 3: Details of the claim

Date of accident: / / Time of accident:

Please describe the accident. Please include a description of where you were and what you were doing at the time. If the accident involved a vehicle, please indicate whether you were the driver, a passenger, a pedestrian or a cyclist.

Please describe the injury and indicate the part of your body affected (e.g. left shoulder, index finger):

I understand that Medibank requires information from the health practitioners nominated in sections 4 and 5 (and other health practitioners involved in that care) in order to assess whether benefits are payable towards the relevant hospital treatment. I consent to, and direct, these health practitioners (and any other health practitioners involved in that care) to provide Medibank with any information as may be necessary for Medibank to conduct its assessment. I authorise Medibank to collect, use and disclose relevant personal information for the purpose (and related purposes) of assessing the claim, including to determine whether the claim may be subject to compensation.

I declare that the information I am providing is true and correct.

Signature of member or Parent/Guardian: Date: / /

Section 4: To be completed by the referring practitioner

- **Members on Hospital Essentials, Basic Hospital and Standard Hospital:** you must see a medical practitioner within 7 days of the accident occurring. This section must be completed by that medical practitioner.
- **All other members:** this section must be completed by the medical practitioner who referred you to the specialist providing the hospital treatment.

Our member (nominated in Section 3) has indicated that they require treatment as a consequence of an accident. Medibank requires the following information to determine if our member is eligible for treatment under their policy. Our member has consented to the provision of this information. Thank you for completing this section promptly – this will help us to finalise our member's claim.

Condition requiring treatment:

Date of first consultation: / /

What was the nature of injury and the body site involved?

What is the likely course of treatment required?

Do you consider the injury to be consistent with the description of the accident?

Practitioner's name: Practitioner type:

Provider number:

Address:

Email: Phone number: ( )

I declare that the information I am providing is true and correct and any opinion expressed above is my true opinion.

Signature: Date: / /

Section 5: To be completed by the treating specialist

All members: this section must be completed by the specialist providing the hospital treatment

Our member (nominated in Section 3) has indicated that they require treatment as a consequence of an accident. Medibank requires the following information to determine if our member is eligible for treatment under their policy. Our member has consented to the provision of this information. Thank you for completing this section promptly – this will help us to finalise our member's claim.

Condition requiring treatment:

Date of consultation: / /

What was the nature of injury and the body site involved?

What is the likely course of treatment required?

In your opinion, what is the likely duration of the likely course of treatment?

Do you consider the injury to be consistent with the description of the accident?

Practitioner's name: Practitioner type:

Provider number:

Address:

Email: Phone number: ( )

I declare that the information I am providing is true and correct and any opinion expressed above is my true opinion.

Signature: Date: / /

Information for members

To assist us to determine whether your injury was caused by an accident, we need you or your Parent/Guardian to ensure all sections of this form are completed. The completion of this form is a requirement under Medibank's Fund Rules available at any Medibank Private Retail Centre or online at medibank.com.au

Steps for completing this form

1. **You or your Parent/Guardian** must complete Sections **1, 2 & 3** and sign the form.
2. **Members on Hospital Essentials, Basic Hospital and Standard Hospital:** ask the medical practitioner that was seen within 7 days of the accident occurring to fill out and sign **Section 4**. The specialist who will be providing the hospital treatment must fill out and sign **Section 5**.
3. **All other members:** Ask the referring medical practitioner to fill out and sign **Section 4**. The specialist who will be providing the hospital treatment must fill out and sign **Section 5**.

Once all sections of the form are complete and signed, return **all pages** to Medibank using one of the options below:

Email: PEA@medibank.com.au

Fax: (03) 8456 6240

Post: Accident Determination, GPO Box 9999 (in your Capital City)

A Hospital may submit the form on your behalf.

What happens next?

Once we have received the completed Accident Claim form, we will determine whether the condition for which you require hospital treatment is the result of an accident for the purposes of Medibank's Fund Rules. This can take up to 10 working days. We will notify you or your Parent/Guardian once a determination has been made. We may also notify other healthcare providers involved in your treatment.

Medibank's privacy statement

Medibank collects and uses personal information from this form, and more generally as part of the Accident assessment process, to determine whether the condition for which you require hospital treatment is the result of an accident and to confirm whether you are eligible for payment of any benefits towards the costs of your hospital treatment. We also collect and use this information to determine whether your claim may be subject to compensation. If we do not collect this information, we may not be able to determine your eligibility for benefits.

We may disclose personal information to persons or organisations in Australia and overseas including other Medibank Group Companies and our service providers, professional advisers, suppliers and partners. We may also disclose information to your healthcare providers, other persons covered under your policy or your agents, solicitors, insurers and advisers.

Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information, how to lodge a privacy complaint and how we manage such complaints. You can obtain a copy of our Privacy Policy by visiting our website at www.medibank.com.au

Further enquiries

For all enquiries, please call 132 331