

Travel and Accommodation 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: _____

Home Address _____ Postcode _____ State _____

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

2. Travel and Accommodation 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. Claim amount will be automatically calculated by Medibank based on your home address and hospital where the admission occurred. Payments will be made by your preferred method (EFT / Chq). If you wish to update your details simply visit us online.

Patient Name: _____

Date of Hospital admission: _____ Hospital attended: _____

Date(s) of travel: _____

Was accommodation outside hospital required? Y N

Number of nights: _____

Accommodation receipt attached? Y N Note: Receipt must be provided to claim accommodation.

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, or claimable from any other source.* • 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.

Signed _____ Date _____

Lodging a claim

1. By Mail – Send the completed claim form to: Medibank Private GPO 2984 Melbourne VIC 3001
2. In person at a Medibank store

Managing my membership online

My Medibank makes it easy to check your cover details and keep on top of your extras limits and waiting periods. Plus, you can find a Members' Choice provider, make changes to your details and even make a claim for some services.

Find out more about My Medibank, visit www.medibank.com.au/members

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.

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 at medibank.com.au or contact our Privacy Officer at 720 Bourke Street, Melbourne, VIC 3008 or email privacy@medibank.com.au