

1. PURPOSE

We always aim to do the right thing by our customers. If you feel something isn't right or if we're not meeting your expectations, we'd like the opportunity to resolve it.

We have a complaint handling process in place that is designed to be clear, easy to access and responsive to your needs.

This document sets out Medibank's policy for handling customer complaints. It includes information about:

- how to lodge a complaint
- our resolution process
- what you can do if you're unhappy with the outcome of your complaint

2. GUIDING PRINCIPLES

This policy, and the complaint handling process that supports it, were developed to ensure customers know how to make a complaint and what to expect.

This policy also aligns with Medibank's responsibilities under the [Private Health Insurance Code of Conduct](#), and guidelines set out in the International Standard ISO 10002:2018 Guidelines for complaints handling in organizations.

In keeping with these materials, our policy and complaint handling system are guided by the following principles:

- **People-focused** – We acknowledge that customers have a right to complain, and we will work with them in a mutually respectful way to resolve complaints within a reasonable timeframe.
- **Visible & transparent** – We'll make sure that information about how to make complaints (to us, or about us) is made widely available.
- **Accessible** – We'll make sure our complaint handling system is accessible to everyone, support customers to make a complaint where needed and enable them to have another person assist or represent them in making a complaint.
- **Responsive** – We'll acknowledge customer complaints promptly and advise them if we are unable to deal with all or part of their complaint. We will also deal with complaints efficiently and with regard to the urgency of the issues raised.
- **Fair & objective** – We'll deal with complaints in an objective and unbiased manner, and provide for 'unsatisfactory' outcomes to be reviewed by an independent person.
- **Accountable & preventative** – We'll ensure clear accountability for the operation of our complaint handling system and resolve the root causes of recurrent complaint issues.
- **Informative** – We'll draw from complaint data to continuously improve our products and services.

3. LODGING A COMPLAINT

You can lodge a complaint through any of these channels:

- Our website: www.medibank.com.au using the quick and easy online form under Contact Us > [Lodge a Complaint](#).
- Phone: 132 331 (Monday to Friday, 8am – 8pm; Sat, 9am – 4pm) EST.
- Mail: Customer Support Team, Medibank, GPO Box 9999 (your capital city).
- In person: At one of our [stores](#).

When lodging a complaint, it helps to provide us with as much relevant information as possible, including:

- a clear description of your concern, and what you believe caused it
- whether your concern relates to a specific claim or interaction
- your desired outcome
- any special arrangements you'd like us to follow, such as a preferred contact method or support needs.

To protect the security of your personal information, please don't include details such as your credit card number, PIN or password.

4. PROCESS AND TIMELINES

We'll aim to resolve your complaint when you first contact us, e.g. during the phone call or in-store visit when the complaint is first raised.

In more complex cases – where immediate resolution is not possible – we'll escalate your complaint to our Customer Support Team. This is a specialist team who will investigate your concerns.

The Customer Support Team case manager assigned to handle the matter will contact you within two working days to:

- acknowledge your complaint
- provide their direct contact details
- provide an expected timeframe to resolve your complaint.

If you're not satisfied with the resolution offered by the Customer Support Team, you can ask for your complaint to be escalated to our Resolutions Team.

The Resolutions Team are dispute resolution professionals who will:

- assign a new case manager
- contact you again to inform you about the escalation and provide the new
- case manager's direct contact details
- conduct an independent review of the matter.

Each complaint team aims to resolve all complaints within **10 working days**. Where it appears this timeframe won't be met, we'll contact you to:

- let you know about the expected delay
- explain the reasons for the delay
- provide an alternative timeframe.

We will prioritise any urgent cases such as those involving a threat to life, an upcoming hospital admission or any situation involving financial hardship.

If we haven't met the process or timeframes mentioned above, we would like to address this. Please email your complaint details to complaint.update@medibank.com.au

When settling your complaint with you, we'll explain the reasons for our proposed resolution. If you're not satisfied with the outcome, we'll let you know about your right to seek an external review of the matter (see 'External review,' below).

5. ENQUIRIES

You can make enquiries about your complaint directly to your assigned case manager using the contact details provided under the process above.

Case managers will respond to enquiries within a reasonable timeframe. In urgent cases – like those described above – we'll highlight your enquiry as a priority and get back to you as quickly as we can.

6. REMEDIES

When deciding how to resolve your complaint, we'll consider what would be fair and reasonable in the circumstances. Where we have done the wrong thing, we'll always aim to return you to the circumstances you were in before the problem arose.

Remedies we may apply include:

- **Apology** – e.g. a verbal or written apology given in recognition of harm or impact you experienced
- **Information** – e.g. verbal or written advice to clarify one of our fund rules or policies
- **Refund** – e.g. returning a premium payment, where appropriate in the circumstances
- **Financial compensation** – e.g. by providing you with a benefit payment or reimbursement in recognition of a genuine grievance, where appropriate in the circumstances
- **Referral** – e.g. to make sure you're aware of your right to seek an external review of the matter if you wish (see 'External review,' below)
- **Other** – i.e. any other remedy we consider appropriate in the circumstances

7. EXTERNAL REVIEW

If you're not satisfied with the outcome of your complaint, you can pursue the matter through the independent dispute resolution service offered by the Private Health Insurance Ombudsman (PHIO):

- Website: www.ombudsman.gov.au
- Email: phi@ombudsman.gov.au
- Phone: 1300 362 072 (option 4 for private health insurance)
- Mail: GPO Box 442, Canberra, ACT 2601

8. NO CHARGE, NO DISADVANTAGE

We won't charge you a fee to make a complaint. And we'll take all reasonable steps to make sure you're not adversely affected because of a complaint made by you or on your behalf.

9. PRIVACY

We're committed to protecting our customers' personal information in accordance with our obligations under the Privacy Act 1988 (Cth) and other relevant state and territory laws.

In keeping with this commitment, all personal information we collect in relation to your complaint will be handled in accordance with the [Medibank Privacy Policy](#).