

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 will be sent to the address we have on record. If you wish to update your details simply log into Online Members Services or call us on **132 331**.

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"/>

*Note - Compensation relates to a third party, please refer to the back of the claim form.

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 style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
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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.
- I completed the Medibank Incident form because the claim is related to a compensation incident.

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
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.

Getting started...

Simply go to medibank.com.au and select 'Register for Online Member Services'. Once you've completed the quick and easy registration process your login ID will appear on the screen. We'll also send you an email and a letter confirming your details (please keep your ID and password safe).

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. You can visit us at www.medibank.com.au

Medibank's Privacy Statement

Medibank Private Limited collects and uses your personal (including sensitive) information (Information) to provide you with products and services, including insurance and health related services and to continue to develop these services. These products and services may be offered or provided by us, one of our subsidiaries or a third party. We may not be able to perform these functions if you do not provide us with your Information. We may collect your Information from you, another person on your membership, a person authorised to provide us this information on your behalf, a Medibank subsidiary or a third party. We may disclose your Information to third parties (including overseas) such as the parties named above, our service providers, 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). These third parties may also collect your Information directly from you. You are permitted by law to access and correct Information we hold about you. From time to time, we may also use your Information to contact you (including by phone, text message or email) about other products or services we think may be of interest to you. We may also collect and disclose your Information from or to our subsidiaries, and they may also share your Information with each other, to have an integrated view of our members and provide you with a personalised service (including health service). Our subsidiaries may use your Information to contact you (including by phone, text message or email) about their services. You may withdraw your consent to these specific uses and disclosures by calling us on **132 331**, visiting one of our stores, or accessing the Manage My Preferences page within the Online Member Services facility.

As a Medibank member, you consent to the collection, use and disclosure of your Information in accordance with our Privacy Policy. As the person responsible for the management of your membership you must ensure any spouse/partner and dependant children are aware of and consent to how their Information is handled. For more information about how we handle your Information, you can obtain the latest copy of our Privacy Policy (effective 26 September 2011) at medibank.com.au or by visiting a Medibank store or contact our Privacy Officer at 16/700 Collins Street, Docklands, Victoria 3008 or privacy@medibank.com.au