Accident Claim Form

We need the information in this form to assess whether the injury you have sustained is the result of an Accident and whether we'll pay towards the costs of your hospital treatment.

Please note, if you're making a claim under Accident Cover Boost*, it's important to know that it is not available on all covers, so check your **Cover Summary** for more information.

What you need to do.

You need to complete the form and return it to us. Where possible, you should send us this form before arranging hospital treatment. If you're admitted in an emergency situation, complete and submit the form as soon as possible after your treatment.

If you're admitted before we've assessed your accident claim, make sure you ask the hospital and your doctors to explain what out-of-pocket expenses you could incur, as these costs could be significant.

Information for members.

To assist us to determine whether your injury was caused by an Accident, we need you or your Parent/Guardian to complete all sections of this form. The completion of this form is a requirement of Medibank's Fund Rules.

Steps for completing this form.

1. **You or your Parent/Guardian** must complete **Sections 1, 2, 3 & 4** and sign the form.
2. Ask the referring **medical practitioner** to complete **Section 5.** The **specialist** who will be providing
3. the hospital treatment must complete **Section 6**.
4. Once all sections of the form are complete and signed, return all pages to Medibank using one of the options below:

   Email^: PEC@medibank.com.au

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

A hospital may submit the form on your behalf.

* Accident Cover Boost means that any Excluded or Restricted Service will be treated as if it is an Included Service, where you require hospital treatment as a result of injuries sustained in an Accident. Conditions apply - refer to your Cover Summary.

Section 1: Accident compensation.

Could you be entitled to compensation for the accident 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?

☐ Yes ☐ No

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

Section 2: Member details. (For the member who was injured)

Medibank or ahm Membership number

First name

Family name

Address

Suburb

State

Postcode

Date of birth (DD/MM/YYYY)

Mobile number

Home phone number

Section 3: How should we contact you?

Once we have received a completed Accident Claim Form, we will assess if you are eligible to receive benefits. Please indicate below if you would like to be notified of this decision.

☐ Email address

☐ Post address (if different from above)

Section 4: Details of the claim.

Date of accident (DD/MM/YYYY)

Time and location of accident

Date of admission (if admitted)

Is this the first admission for this injury? ☐ Yes ☐ No

Please describe how the accident occurred. If the accident involved a vehicle, please indicate whether you were the driver, a passenger, a pedestrian, a cyclist or another road user.

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

I understand that Medibank requires information from the health practitioners nominated in Sections 5 and 6 (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 (DD/MM/YYYY)

Section 5: To be completed by the referring practitioner.

All members: this section must be completed by the medical practitioner who referred you to the specialist providing the hospital treatment. If you're making a claim under Accident Cover Boost, one of the conditions is that you must see a medical practitioner within 7 days of the Accident occurring. This section must be completed by that medical practitioner.

Our member (nominated in Section 2) 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 benefits 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.

Injury requiring treatment.

Date of first consultation (DD/MM/YYYY)

Date of first admission for this injury (if admitted)

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 in Section 4? ☐ Yes ☐ No

Comments.

Practitioner name

Practitioner type

Provider number

Address

Suburb

State

Postcode

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 (DD/MM/YYYY)

Section 6: 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 2) 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 benefits 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.

Injury requiring treatment.

Date of first consultation (DD/MM/YYYY)

Date of first admission for this injury (if admitted)

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 in Section 4? ☐ Yes ☐ No

Comments.

Practitioner name

Practitioner type

Provider number

Address

Suburb

State

Postcode

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 (DD/MM/YYYY)

What happens next?

Once we have received the completed Accident Claim Form, we will determine whether the injury 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.

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 or at **medibank.com.au** or contact our Privacy Officer at 695 Collins Street, Melbourne, VIC 3008 or email privacy@medibank.com.au

Further enquiries

For all enquiries, please call **132 331**.