

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: / /

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?

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 in Section 4? Yes No

Comments:

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 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 the hospital treatment must complete **Section 6**.
3. 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
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 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

^ Medibank takes the privacy of its members seriously. By corresponding with Medibank via email, you accept that this is not a secure channel and the associated risks to the security of your personal information. We recommend securing your form by using your 8-digit birthdate (DDMMYYYY) as a password.

Medibank collects and uses personal information from this form, and more generally as part of the accident assessment process, to determine whether the injury for which you require hospital treatment is the result of an Accident and to confirm whether you are eligible for payment 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 at medibank.com.au/privacy

Further enquiries

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