

Accidental Injury Benefit Claim Form

Use this form to claim under Accidental Injury Benefit* (also known as Accident Override). We need this information to assess whether the injury is the result of an accident and whether we will pay towards the costs of your hospital treatment.

Accidental Injury Benefit 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 are 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 claim under Accidental Injury Benefit, 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.

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?

Please tick Yes or No below:

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)

Membership number: _____ Date of birth: / / _____

First name: _____ Family name: _____

Residential address: _____

State: _____ Postcode: _____

Mobile phone number: _____ Home phone number: () _____

Section 3: How should we contact you?

Once we have received a completed Accidental Injury Benefit 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 by email or post.

Email address: _____

or

Postal address (if different from above): _____

Section 4: Details of the claim

Date of accident: / / _____ Time of accident: _____

Date of admission, if admitted: / / _____ Is this the first admission for this injury? YES NO

Please describe how the injury 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: / / _____

* Accidental Injury Benefit means that any Excluded or Limited 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.

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 treatment 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. **Members on Hospital Essentials, Basic Hospital, Core Hospital, Standard Hospital, HealthyPlus, SmartPlus, Priority Silver Hospital Cover, Intermediate 70 Visitors Health Insurance, Intermediate Visitors Health Insurance and Working Visa Basic Insurance:** ask the medical practitioner who saw you within 7 days of the accident occurring to complete **Section 5**.
The specialist who will be providing the hospital treatment must complete **Section 6**.
3. **All other members:** Ask the referring medical practitioner to complete **Section 5**. The specialist who will be providing the hospital treatment must complete **Section 6**.

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 Accidental Injury Benefit 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 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

Further enquiries

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