GapCover Claims
BATCH HEADER

medibank
For Better Health

☐ RESUBMISSION (please tick if a resubmission)

The medical practitioner named below accepts the terms and conditions of the GapCover Scheme, as contained in the GapCover Provider Guide and declares:

- Except as otherwise expressed in this form, the insured person has been informed in writing of any out of pocket expenses charged by the medical practitioner for the services rendered during hospitalisation that the person can reasonably be expected to pay for treatment prior to that treatment;
- That the insured person has acknowledged receipt of that advice; and
- That disclosure of all relevant financial interests regarding any product or service recommended has been made to the insured person.
- That the products and services specified in the attached accounts were provided by me or on my behalf.
- That those products and services were provided to a private in-patient of a hospital or approved day hospital facility.
- The total amount charged is shown on the attached accounts, including any patient out of pockets.

Where the insured person is **NOT** being charged an additional amount for services rendered during hospitalisation above the benefit provided by the health fund, the provision of **written** informed financial consent by the insured person is not required.

PROVIDER'S NAME

PROVIDER/PRACTICE NUMBER

LODGEMENT DATE

/ /

TOTAL NUMBER OF ACCOUNTS

TELEPHONE NUMBER

FACSIMILE NUMBER

EMAIL ADDRESS

NAMES OF PATIENTS WHO GAVE INFORMED FINANCIAL CONSENT (IFC) POST PROCEDURE

- All accounts must contain the patient's Medicare card number, their Individual Reference Number and their Medibank Private membership number.
- For scanning purposes, this is the only batch header that Medibank Private will accept for processing GapCover Claims.

SEND TO:

Medibank Private GapCover
GPO Box 1288K
Melbourne VIC 3001

12331011