

Member Claim form

Health Partners

This form is to be completed by the policyholder, an authorised person, or the member to which the claim relates. Please complete all sections and mail your form (with all original receipts) to our freepost address **Health Partners Claims Assessor, Reply Paid 1493, Adelaide SA 5001**. Please note all accounts/receipts and any documents supporting your claim will be retained by Health Partners. Alternatively, download our free app from the App Store or Google Play or go to the Health Partners portal to submit a claim electronically in three easy steps.

Health Partners can only pay benefits for eligible treatments and services provided by a recognised provider; check our Member Guide for more information about recognised providers.

Member details

Member number

Name (first name)

(surname)

Address

Postcode

Is this a change of address? Only the policyholder/authorised person can make this change for the whole membership.

☐ Yes ☐ No

Home phone

Mobile

Work phone

Email

Claim details

Please attach all your original itemised Accounts & Receipts or Medicare statements.

Patient's full name <i>e.g. Michael Smith</i>	D.O.B <i>(dd/mm/yy)</i>	Name of Provider <i>e.g. Dr S Jones</i>	Fee charged	Date of service	Has the account been paid in full?
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	

If you need more space to fill in claim details, please attach on a separate sheet.

Hospital details

Were any of the services rendered whilst an Inpatient or a Day Patient in Hospital? ☐ Yes ☐ No

Patient's name	Name of hospital	Date admitted	Date discharged
		/ /	/ /

Is any part of this claim related to an incident or accident that may give rise to any form of compensation, damages or payment (eg. work related incident, motor vehicle accident, sports injury), or are you intending to claim any part of this claim via another insurance policy?

☐ Yes (please read the Important Information overleaf) ☐ No

Claims benefit payment details

Please note benefits for unpaid accounts will be made out to the provider.
If the account has been paid in full, the preferred payment option is:

☐ Direct Credit deposit into bank account we have on file for:

☐ Policyholder

☐ Spouse

☐ Dependant

Benefit payments can only be made to spouse or dependant accounts for their own personal claims, and if bank account details are/have been provided. Otherwise benefit payments are simply paid to the policyholder.

If you wish to add or update bank account details for benefit deposits, please do so here. Policyholders can also easily check or update their bank details at any time at the Health Partners portal.

Name of financial institution

Name of branch

Account in the name/s of

BSB number

Account number

Please register the above bank account for payment of benefits by Direct Credit for

☐ Policyholder

☐ Spouse

☐ Dependant

Declaration

In respect to the services provided, by signing this declaration you declare that:

All information supplied is true and correct.

You have attached original itemised receipts and accounts, plus any relevant supporting documentation as required for the items outlined in the Member Guide.

You authorise Health Partners to contact the hospital or provider for clarification about any details relating to the attached claims.

You have read, and ensured that each member on this insurance policy is aware of, Health Partners' Privacy Policy, and all consent to your personal information being collected and used in accordance with the Privacy Policy.

You are authorised to submit a claim for this membership, and if applicable, have provided information about each member with their consent.

Signature

Date / /

Please note: If you are completing this form electronically, your typed name in the Declaration stands as your signature.

Important claiming information

When submitting your claim please note the following

- Claims must be supported by the original itemised account(s) and/or Medicare Statement(s). We cannot pay benefits on quotes. Itemised accounts must show the following information:
 - a. the provider's name, ABN, provider number and address;
 - b. the patient's full name and address;
 - c. the date of service;
 - d. the description of the service including any item numbers;
 - e. the amount charged;
 - f. any amounts already paid;
 - g. it must appear on the provider's letterhead or include the provider's official stamp; and
 - h. any claim for hospital treatment expenses shall also be accompanied by a certificate of hospitalisation in a form approved by us.
- Claims are payable by direct credit bank deposit:
 - Once Direct Credit payments have been processed a statement will be sent outlining benefits paid
 - Payments for benefits paid cannot be put into a credit card account
 - The bank account registered for Direct Debit of premium payments may be nominated for Direct Credit benefit payments
- Paper-based claims can be submitted via freepost to Health Partners Claims Assessor, Reply Paid 1493, Adelaide SA, 5001, or in person at 101 Pirie St, Adelaide, 27 Smart Rd, Modbury, 118-120 Main South Road, Morphett Vale, 288 Grange Road, Flinders Park and 7 Morphett Street, Mount Barker (*please note over the counter cash claiming is not available*).
- Benefits are only payable where the rules and conditions are satisfied as outlined in the Member Guide. A copy can be found on our website healthpartners.com.au.

Before submitting your claim, please ensure you have completed all relevant sections of the claim form, all details are correct, and you have attached any relevant documents. The processing of your claim may be delayed if you do not complete all relevant sections.

Your privacy is always a priority at Health Partners

If you would like a copy of our privacy policy please visit healthpartners.com.au.

If you have any questions about your benefit entitlements or how to make a claim please call Member Care on 1300 113 113.

Claiming at your fingertips

For fast, paperless claiming simply download the Health Partners app from the App Store or Google Play, register your details, take a photo of your itemised account and submit. You can also submit a claim in three easy steps at the Health Partners portal at healthpartners.com.au