



STEP 1 Complete your policy details

Your customer number

Your family name _____ Your first name _____

Your current postal address (this is the address we will send any correspondence to do with this claim)

_____ Daytime phone number _____

STEP 2 Complete the details of your claim

I am claiming everyday Extras (e.g. ambulance, dental, optical, physio)

Date	Type of service	Name of the provider	Is this related to compensation?	Is the account paid in full?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I am claiming medical services received in a hospital (e.g. doctors & specialists fees)

Date of admission	Date of discharge	Name of the hospital	Is this related to compensation?	Is this the result of an accident?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

STEP 3 How do you want us to pay your claim?

- please send me a cheque made out in my name
- please send me a cheque made out in my partner's name (only available if you have authorised nib to do this)
- please credit my direct credit account (if you have authorised nib to credit your account using a Direct Credit Authority Form)

STEP 4 Read the following important information and sign this form

By signing this form, I declare that all information I have provided to nib health funds limited (the health insurer), including all information in this form, is true & correct. I authorise the health insurer to use this information and any other information I have previously given the health insurer to assess and process my claim(s). I consent to the health insurer contacting my previous health fund and/or service provider to request information and/or personal and medical records to verify any aspect of the claim(s). I acknowledge and provide consent for Apia and the health insurer to use this information for other purposes related to this claim as outlined in the Apia health insurance Privacy Statement and the nib Privacy Policy.

I confirm these services have not been claimed as Point of Service such as HICAPS and that this claim is not subject to workers compensation, damages action, third party insurance or any other source.

I confirm that the services I am claiming were performed by the providers, and received by the persons as indicated on the healthcare provider's receipts.

Your signature
(or your authorised partner)

Date

 / /

My claims checklist

- I have attached all the receipts and/or accounts for each item I am claiming.
- All the receipts/accounts I have attached are original, itemised in full, written in English, and are on the provider's official stationery or have the provider's official stamp.
- I received the services within the last two years. *(We do not pay claims made two years or more after the services were received)*
- I am claiming services from a provider recognised by the registered health insurer. *(We do not pay claims for the services of providers who are not recognised by us)*
- I have claimed with Medicare for medical services I had in hospital and I have attached the top portion of the Medicare Statement of Benefits and my receipts.
- I have indicated where applicable that the claim is related to worker's compensation.

Return this completed form and any relevant documentation to:

Locked Bag 2010
Newcastle NSW 2300

Need help completing this form?

Call us on **1800 274 213**

Privacy Policy

nib health funds limited (nib), the issuer of Apia health insurance, collects personal information to assess and pay a claim under a policy, including sensitive information such as health information. When a claim is lodged by a person other than the policyholder, we ask the policyholder to obtain their consent for us to collect their information and provide them information about their privacy rights. Please see the nib Privacy Policy at www.nib.com.au. Apia collects, uses and discloses our information in accordance with the Apia health insurance Privacy Statement available at apia.com.au

This health insurance is issued by nib health funds limited ABN 83 000 124 381 (nib) a registered private health insurer and is arranged by Australian Pensioners Insurance Agency Pty Ltd (Apia) ABN 14 099 650 996 as an authorised agent of nib. The information contained in this document is correct as at the date of issue. Any changes to your policy after this date are not included. Please check your personal details and call if anything is incorrect. Policyholders who have nominated partner authority to their policy must inform us of any change to status.

