

Claim Form

Send your complete claim form to: claims@acahealth.com.au OR ACA Health, Locked Bag 2014 Wahroonga NSW 2076

Claim Form No.	
(For Office Use Only)	

Ph: 1300 368 390

ACA Health Membership Number:								
	[M	lobile:	Email: (This is where your paper work will be returned)					
			The benefits for this claim should be paid:					
Title: Surname: Given Names:			as per Direct Credit Authority Form by Direct Credit to the					
			(pre-nominated account) account below					
Address:			Pouls Account.					
			Bank Account:					
Suburb:	ome Phone: State:	Postcode:	Bank: Acc Name:					
ls this your permanent mailing addre	ess? Yes No		Dain.					
	Yes' your membership records will be updated to reflect this.			BSB: - Acc Number:				
If res your membership records will be appeared to reflect this.								
Section 3: Patient Claim								
Patient's Given Name	Type Of Treatment	For Services Provide	Have You Paid The Account? Name Of			FOR OFFICE USE ONLY		
Note: keep copies of the documents you send us as they will not be posted back to you.								
I hereby declare and warrant that all the above information furnished in connection with this claim is true and								
or ailment, or the treatment or diagnosis, to supply all relevant information to the fund, including for the								
In respect of services claimed: purposes of audit, if required by the fund.								
Is there are antitlement to aloim componentian of demagas?								
Has the claim been lodged for d			Date					
Note: keep copies of the documents you send Section 4: Declaration, Acknowledgem In respect of services claimed: Did this treatment result from a Is there an entitlement to claim	us as they will not be posted banent & Authority an accident?	yes No No Spes? Yes No	I hereby d correct. I c or ailment purposes d	eclare and warrant buthorise the provide c, or the treatment o of audit, if required b	that all the above inforr er or any other authoriti r diagnosis, to supply al by the fund.	mation furnished in eles concerned with mill relevant information	connection with this claim by or my dependant's injur n to the fund, including foi	

Claiming Your Benefits

Complete and sign this Claim Form

Attach original accounts and receipts for services received (these will not be returned)

Mail your claim to: ACA Health

Locked Bag 2014

Wahroonga NSW 2076

Or lodge in person at: 148 Fox Valley Road

Wahroonga NSW 2076

Office hours: 9:00am-5:00pm Monday to Thursday

9:00am-12:15pm Friday

What Happens Next?

Your claim will usually be processed within 3-5 business days. Benefits payable will be direct deposited to your nominated account.

If the account has been paid, the benefit will be made payable to the policy holder or authorised benefit recipient. If the account is unpaid, we will pay the service provider direct.

You are responsible for paying any difference (gap) between the service provider's total charge and the benefit we pay. You should keep copies of all documents you send us and make sure that you have given us your e-mail address as we only return documents electronically and not by post.

How Long Do I Have To Submit A Claim?

Claims must be made within two years of the date of service or treatment.

Waiting periods

Optical	4 months	Foot orthotics and surgical shoes	12 months
Pre-existing ailments	12 months	Hearing aids	12 months
Dental	9 months	All other services	2 months
Obstetrics (pregnancy)	12 months	Prescribed health appliances	12 months

Waiting periods apply to members who are new to private health insurance or who are upgrading their level of cover. For members upgrading their cover, benefits will be paid at your previous rate until the waiting periods have been served.

Benefits & Conditions

Benefits for the same service and person are not payable on more than one policy. The payment of benefits is subject to ACA Health Benefits Fund Rules and Policies, as amended from time to time. The Fund Rules contain the terms and conditions of your membership. A summary of the main fund rules is contained in our Policy Booklet. A copy of our Policy Booklet is available from our office or on our website.

Additional Information For Claiming On In-Hospital Medical Services

These are the medical services you receive while an inpatient in a hospital, or approved day facility, and may include services received from your specialist doctor, assisting surgeons, anaesthetist, pathology or radiology.

Where your doctor or specialist has informed you they will use the Access Gap Cover Scheme to bill for their services, these accounts should be claimed from us first. Send the account to us, ensuring the use of the Access Gap Scheme is clearly noted and we will process the claim with Medicare on your behalf.

Or

If the Access Gap Cover Scheme is not being used, you will need to claim your benefit from Medicare first. When you receive your payment, you will also receive a Medicare Statement of Benefits which you need to attach to this claim form and send to us to claim your remaining benefit.

What Is The Access Gap Cover Scheme?

ACA Health offers the Access Gap Cover Scheme to help cover some or all of the gap between the standard fee set by Medicare and any additional amount charged by your doctor. If your doctor chooses to participate in the Access Gap Cover Scheme, and has charged you in accordance with these arrangements, we can pay a higher benefit, and you will either:

- Have ZERO gap expenses, or
- Know how much you will have to pay before treatment begins,
 - up to a maximum of \$400 (\$800 for obstetrics)

It's your doctors choice to bill using the Access Gap Cover Scheme, and it's important to discuss with them before your treatment that you would like them to participate in the scheme where possible.

Did you know you can download this claim form, your original accounts & much more at acahealth.com.au?

You can also access your membership details on our website using **Online Member Services**. It's a great way to check your claims history, add a dependant, download your tax statement, update your membership details, or access copies of your claims and associated documents. To use Online Member Services, visit our website **acahealth.com.au** and follow the Member Login prompts.

Stay In Touch With Us

Not sure about something?

Call us on 1300 368 390 or email info@acahealth.com.au or visit acahealth.com.au