



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

Section 1: Policy Holder's Details

ACA Health Membership Number: Mobile:

Title: Surname: Given Names:

Address:

Suburb: Home Phone: State: Postcode:

Is this your permanent mailing address? Yes No

If 'Yes' your membership records will be updated to reflect this.

Section 2: Payment of Benefit

Email: (This is where your paper work will be returned)

The benefits for this claim should be paid:

as per Direct Credit Authority Form (pre-nominated account) by Direct Credit to the account below

Bank Account:
Bank: Acc Name:
BSB: - Acc Number:

Section 3: Patient Claim

Patient's Given Name	Type Of Treatment	For Services Provided By	Have You Paid The Account?	Name Of Hospital <i>(If an Inpatient)</i>	FOR OFFICE USE ONLY

Note: keep copies of the documents you send us as they will not be posted back to you.

Section 4: Declaration, Acknowledgement & Authority

I hereby declare and warrant that all the above information furnished in connection with this claim is true and correct. I authorise the provider or any other authorities concerned with my or my dependant's injury, disease or ailment, or the treatment or diagnosis, to supply all relevant information to the fund, including for the purposes of audit, if required by the fund.

Policy Holder or Authorised Person's Signature
 X Date.....

In respect of services claimed:

Did this treatment result from an accident? Yes No
Is there an entitlement to claim compensation of damages? Yes No
Has the claim been lodged for compensation or damages? Yes No

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