

Claim Form



Section 1: Policy Holder's Details

Member #	Name of Policy Holder:		
Address:			
Suburb:	State:	Post Code:	
Home Phone:	Mobile:		
Email:			
Are these your permanent contact details? <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'Yes' your membership records will be updated to reflect this.)			

Section 2: Payment of Benefit

The benefits for this claim should be paid: as per Direct Credit details on file (pre-nominated account)
 by Direct Credit to the account below (on a one-off basis)

Bank:	Account Name:
BSB:	Account Number:

Section 3: Patient Claim

Patient's Given Name	Type of Treatment	For Services Provided by	Payment to
			<input type="checkbox"/> My Account <input type="checkbox"/> The Provider
			<input type="checkbox"/> My Account <input type="checkbox"/> The Provider
			<input type="checkbox"/> My Account <input type="checkbox"/> The Provider
			<input type="checkbox"/> My Account <input type="checkbox"/> The Provider
			<input type="checkbox"/> My Account <input type="checkbox"/> The Provider
			<input type="checkbox"/> My Account <input type="checkbox"/> The Provider
			<input type="checkbox"/> My Account <input type="checkbox"/> The Provider
			<input type="checkbox"/> My Account <input type="checkbox"/> The Provider

**Note: Keep copies of the documents you send us as they may not be posted back to you.
Insert invoices in the envelope. Please do not staple.**

Section 4: Declaration, Acknowledgement & Authority

In respect of services claimed:	Did this treatment result from an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there an entitlement to claim compensation of damages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the claim been lodged for compensation or damages?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:** / /

- Complete and sign this Claim Form
- Attach original accounts and receipts for services received

Email
claims@acahealth.com.au

Mail
ACA Health Locked Bag 2014
Wahroonga NSW 2076

Lodge in person
148 Fox Valley Road
Wahroonga NSW 2076

Phone
1300 368 390

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.

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 acahealth.com.au

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 submitted to us by your provider directly.
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. This Medicare statement may be found in your MyGov inbox.

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 \$500 (\$800 for obstetrics)

It's your doctor's 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, and update your membership details. To use Online Member Services, visit our website acahealth.com.au and follow the Member Login prompts.