HCF

Psychology benefits authorisation and claim form

Complete and send to:
HCF
GPO Box 4242,
Sydney, NSW 2001

If your cover includes psychology benefits, you will need to use this form to make a claim. Benefits are available to members who were referred by their general practitioner to claim for psychology benefits under Medicare Australia and have exhausted their Medicare entitlements in the current calendar year. The psychology treatment must be necessary and ongoing, and with a state registered psychologist who is treating you as a private patient. Under Medicare, eligible patients can claim up to 12 Medicare rebates per calendar year for services provided by clinical psychologists or appropriately trained GPs and other allied mental health professionals. If you are uncertain about Medicare entitlements for psychology, talk to your GP or call Medicare on 13 20 11.

To claim a benefit from HCF, please submit this completed form along with receipts or accounts for payment.

1. Claimant's details (PLEASE USE CAPITAL LETTERS)

Membership No.

Date of birth / /

Title

First Name

Surname

Is this claim the result of an accident or trauma: ☐ Yes

If 'yes', please give the date of the event / /

Is the claimant entitled to any form of compensation, damages or payment as a result of the accident or event? ☐ Yes

If 'yes', please provide brief details

Medical Practitioner's Name

2. General Practitioner or Psychologist to complete (PLEASE USE CAPITAL LETTERS)

Name

Medicare provider number

Telephone number including area code

Postcode

Number of Medicare-funded psychology sessions the patient has had this calendar year

Date / /

Please indicate the length of time recommended for this course of treatment: months

Declaration by the general practitioner or training psychologist

I certify that the patient named above has had a Medicare entitlement to psychology treatment for this calendar year and has exhausted his or her Medicare psychology benefits.

General Practitioner/Psychologist signature and practice stamp or details

✗

Date / /

Declaration

I declare all information provided in support of this claim to be true and correct and that all persons covered by this policy whose privacy rights may be affected have been made aware of the HCF Privacy Policy. I understand that extras benefits cannot be claimed from HCF that have been, or will be, claimed from Medicare Australia (unless permitted by law). I declare that the patient was not aware of any symptom related to the condition for which benefits are claimed, before joining HCF or transferring to the current level of cover. I acknowledge that HCF deals with personal information of all members in accordance with its privacy policy. I authorise, and have the consent of the patient, where necessary, to authorise HCF to contact the provider and to access any information needed to verify this claim.

Signature must be of the Policy holder or Partner listed on Policy

✗

Date / /

PRIVACY How HCF collects, uses, keeps and secures personal information is described in the HCF Group Privacy Policy. For a copy of this policy, visit a branch, call 13 13 34 or log onto www.hcf.com.au

Call HCF Member Information 13 13 34

The Hospitals Contribution Fund of Australia Limited. ABN 68 000 026 746 AFSL 241 414
HEAD OFFICE: 403 George Street, Sydney NSW 2000
Telephone: 13 13 34. Postal Address: GPO Box 4242, Sydney NSW 2001
E-mail: service@hcf.com.au Internet: www.hcf.com.au