

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 an HCF recognised psychologist who is treating you as a private patient. Under Medicare, eligible patients can claim up to 10 Medicare rebates per calendar year. 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. Your details: (PLEASE WRITE IN CAPITALS)

Membership Number	First Names	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Postcode	Contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Patient and service details: (PLEASE WRITE IN CAPITALS)

Date of service	First name of the person(s) who received the service	Date of birth	Who provided the service?	Is this account paid in full?	Claim Health Dollars
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	

We will pay you by cheque unless we have your direct credit details. If an account is unpaid, you will receive a cheque in the provider's name.

Is any part of this claim related to an accident or incident that may give rise to any form of compensation, damages or payment such as: motor vehicle accident, work related incident, personal injury, sports injury or other?

Yes If 'yes', provide the date of the event: / / and attach brief details on a separate sheet.

3. General Practitioner or Psychologist to complete: (PLEASE WRITE IN CAPITALS)

Name	Medicare provider number
<input type="text"/>	<input type="text"/>
Telephone number including area code	Postcode
<input type="text"/>	<input type="text"/>
Number of Medicare-funded psychology sessions the patient has had this calendar year	<input type="text"/>

Declaration by the general practitioner or 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.

Signature of General Practitioner or treating psychologist

X

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

X

Date / /

Call HCF Member Information 13 13 34

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