



CLAIM FORM CHECKLIST

- ☐ I have provided my membership number.
- ☐ I have signed the declaration.
- ☐ I have attached relevant original receipts.
- ☐ If I am claiming for optical, I have attached the prescription for the glasses and/or contact lenses.
- If I am claiming for an artificial aid or appliance, I have attached a letter from my health care practitioner in support of my claim. (Please call 13 13 34 for details of what to supply to claim for a prescribed aid or appliance)
- ☐ If I am claiming for hospital services where I have already claimed from Medicare, I have attached my Medicare statement.
- ☐ If I am claiming benefits under School Accident Benefit, I have attached the school incident report in support of my claim.

For us to process certain types of extras claims, we need some more information. So, where you have sufficient cover, and you want to make a claim for travel/accommodation, psychology, gym/exercise regimes or the Healthy Weight for Life program, you will need to complete a different claim form. You can get this information from any HCF branch, at hcf.com.au or by calling 13 13 34.

WHAT YOU NEED TO KNOW WHEN CLAIMING

Receipts must be original and include the following:

- Service provider's/supplier's full details on official stationery
- Full name and address of the recipient of the services
- Item number(s) and or description(s) of the services
- Cost of each service
- Date of each service
- Amount paid and balance owing.

Claims must be made within two years of the date of service. If you're claiming for pharmacy or Health Dollars, benefits will only be payable where the services have been fully paid by the member.

If your cover includes Health Dollars, these can only be claimed against a hospital excess or items/services that would normally attract a benefit under an extras cover. A front end deductible of \$50 applies to Health Dollars each year but no amount will be deducted for hospital excess claims. Your Health Dollars balance is renewed each year on your Health Dollars renewal date and unused Health Dollars do not accrue to the following year.

HCF reserves its right to recover benefits paid by the fund where the cost of treatment is compensated for and or reimbursed by a third party. This includes awards of damages, workers compensation and other insurance payments.

DID YOU KNOW YOU CAN CLAIM FOR EXTRAS

VIA HCF'S MOBILE APP



Download the HCF My Membership app to your personal device to submit a claim with a photo of your receipt. The app is available for both Apple and Android, see hcf.com.au/mobile-apps

CLAIM PAYMENTS

If you've already paid for the item(s) you're claiming and you have your receipt, benefits will be deposited in the Policyholder's nominated bank account.

If your healthcare provider gives you an unpaid invoice we'll pay the benefits to the Policyholder's nominated bank account and they'll be responsible for making sure your health service provider is paid.

We'll pay your claim into your nominated bank account. If you need to set up direct credit for claim payments for the first time or changed your bank account details make sure you fill in section 3 of this form.

Ask your provider if they participate in on-the-spot claiming and have your claims paid instantly!

HOW TO CLAIM USING THIS FORM

BY MAIL

- Enclose this fully completed Claim Form plus original receipts relating to the services being claimed.
- Send to: HCF, GPO Box 4242, Sydney NSW 2001

IN PERSON AT ANY HCF BRANCH

Please remember your membership card and the original receipts relating to the services being claimed.

For HCF branch locations and operating hours visit hcf.com.au/branches

AT MEDICARE

Leave your HCF claim form and receipts at any Medicare office.

If you have any questions about your benefits or how to claim, please phone Member Services on 13 13 34.



YOUR	PERSONAL DETAILS (PLEA	SE USE CAPITAL LET	TTERS AND A BLACK PEN)		
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Attach a	a separate sheet to identify add	itional people cov	ered by the policy if ther	re is insufficient space of	on this form.	
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