

HCF Psychology benefits authorisation and claim

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 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.

Membership No.

1 Your details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

First name	<input type="text"/>			Surname	<input type="text"/>	+
Date of birth (DD MM YYYY)	<input type="text"/>	Postcode	<input type="text"/>	Contact number	<input type="text"/>	

2 Patient and service details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

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="checkbox"/> Yes	<input type="checkbox"/> Yes
/ /		/ /		<input type="checkbox"/> Yes	
/ /		/ /		<input type="checkbox"/> Yes	
/ /		/ /		<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 (DD MM YYYY): and attach brief details on a separate sheet.

3 Declaration General Practitioner or Psychologist to complete (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Name	<input type="text"/>		Medicare Provider number	<input type="text"/>
Contact number including area code	<input type="text"/>	Postcode	<input type="text"/>	
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 for the calendar year.				<input type="text"/>
Signature (must be of the General Practitioner or treating psychologist):				
<input type="text"/>				Date (DD MM YYYY) <input type="text"/>

4 Declaration To be completed by the Policyholder or Partner listed on policy

I declare all information provided in support of this claim is true and complete and that all persons covered by this policy whose personal (including sensitive) information is being disclosed to HCF 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 (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(s) and to access any information including health information needed to verify this claim.

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF privacy policy. For a copy of this policy, call our member services team on 13 13 34 or go to hcf.com.au.

Signature (must be of the Policy holder or Partner listed on Policy):

<input type="text"/>	Date (DD MM YYYY) <input type="text"/>
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