APPLICATION TO CLAIM TRAVEL AND ACCOMMODATION EXPENSES

To make a claim, the travel must exceed a specified round trip distance. For more information on eligibility please visit hcf.com.au/travel-accommodation or call HCF on 13 13 34.

HCF Membership No. ______________________

1 YOUR DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title __________________________ First name __________________________ Surname __________________________

Does any part of this claim relate to a claim for compensation, e.g. workers compensation, motor accident, or third party claim? Yes ☐ No ☐

2 IS THE TRAVEL AND/OR ACCOMMODATION CLAIM FOR A HOSPITAL ADMISSION OR MEDICAL SPECIALIST APPOINTMENT?

Hospital admission ☐ Medical specialist appointment ☐

Hospital's name __________________________

Medical specialist's name __________________________

3 CLAIMING FOR TRAVEL - ONLY CLAIMABLE UNDER CERTAIN PRODUCTS

Return distance between home and hospital or specialist __________________________ km

Type of travel (car/train/bus/plane) for journeys of over 200kms __________________________

Date travel commenced (DD MM YYYY) __________________________

Return date (DD MM YYYY) __________________________

I have attached a note or account from my specialist or hospital confirming attendance Yes ☐

I have attached a receipt for travel (petrol docket are not required in the case of car travel) Yes ☐

4 CLAIMING FOR ACCOMMODATION - ONLY CLAIMABLE UNDER CERTAIN PRODUCTS

Date of hospital admission (DD MM YYYY) __________________________

Date of hospital discharge (DD MM YYYY) __________________________

Name of hotel/motel where you/your carer stayed __________________________

I have attached supporting documents to confirm my hospital stay and original tax receipts to confirm accommodation: Yes ☐

5 CARER DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Was a carer required to support the patient’s travel, or provide support before and after hospitalisation? Yes ☐ No ☐

Carer’s name and relationship to claimant (e.g.) family member, friend __________________________

6 DECLARATION (TO BE COMPLETED BY YOUR GP OR MEDICAL SPECIALIST)

I confirm that, in my opinion, the journey undertaken is/was necessary to receive hospital and/or medical specialist treatment because treatment is/was not available locally. Yes ☐ No ☐

I confirm a carer was required to support the patient Yes ☐ No ☐

GP/Medical Specialist signature __________________________ Date (DD MM YYYY) __________________________

Title __________________________ First name __________________________ Surname __________________________
DECLARATION (TO BE COMPLETED BY THE POLICYHOLDER OR PARTNER LISTED ON THE POLICY)

I declare all information provided in support of this claim is true and complete and that all persons covered by the 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 Policyholder or Partner listed on Policy

Date (DD MM YYYY)

FREQUENTLY ASKED QUESTIONS

How do I claim?
Submit this completed form with your receipts. Your GP must also sign this form, confirming that your journey was necessary and if a carer was required.

Can I claim expenses associated with treatment by other providers such as GPs, dentists or physiotherapists?
No, only treatments provided by medical specialists or in hospital are eligible. Check your Product Summary or contact HCF to see if you’re covered.

What is a medical specialist?
Medical specialists are doctors who have completed advanced education and clinical training in a specific area of medicine and who the Medical Board of Australia registers as a medical specialist. To see a specialist you need to get a letter of referral from your GP. Some examples of medical specialists include cardiologists, dermatologists, oncologists, psychiatrists.

Can I still make a claim if I can be treated locally, but I prefer to use a hospital or see a specialist in another city?
No. For travel and accommodation claims, your doctor must confirm the treatment is not available locally.