

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**.

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

YOUR DETA	I LS (PLEASE USE CAPIT	AL LETTERS AND A BLACK PE	EN)		
Title	First name			Surname	
Does any part o	of this claim relate to a	ı claim for compensation, e	.g. workers comp	ensation, motor accident, or thi	rd party claim? Yes No 📙
IS THE TRAV	EL AND/OR ACCO	MMODATION CLAIM	FOR A HOSPI	TAL ADMISSION OR MEDI	CAL SPECIALIST APPOINTMENT
Hospital admis		specialist appointment			
Hospital's name					
Medical specia	list's name				
CLAIMING F	OR TRAVEL - ONLY	CLAIMABLE UNDER	CERTAIN PROI	DUCTS	
	e between home	Type of travel (car/train		Date travel commenced	Return date
and hospital or	specialist	for journeys of over 200)kms	(DD MM YYYY)	(DD MM YYYY)
	km				
I have attached	km	m my specialist or hospital	confirming atten	dance Ves	
	a note or account from	m my specialist or hospital etrol dockets are not requir	o .		
	a note or account from		o .		
I have attached	a note or account from	etrol dockets are not requir	ed in the case of	car travel) Yes 🗌	
I have attached	a note or account from a receipt for travel (po	etrol dockets are not requir	ed in the case of	car travel) Yes RTAIN PRODUCTS	
I have attached	a note or account from	etrol dockets are not requir	ed in the case of	car travel) Yes RTAIN PRODUCTS	
I have attached	a note or account from a receipt for travel (po	etrol dockets are not requir	ed in the case of	car travel) Yes RTAIN PRODUCTS	
CLAIMING FOR Date of hospital	a note or account from a receipt for travel (po	TION - ONLY CLAIMAI YYYY) Date of hosp	ed in the case of	car travel) Yes RTAIN PRODUCTS	
CLAIMING FOR Date of hospital	a note or account from a receipt for travel (per or accommodal admission (DD MM	TION - ONLY CLAIMAI YYYY) Date of hosp	ed in the case of	car travel) Yes RTAIN PRODUCTS	
CLAIMING FOR Date of hospital	a note or account from a receipt for travel (por a receipt for travel	TION - ONLY CLAIMAI YYYY) Date of hosp r carer stayed	BLE UNDER CE	CAT TRAVEL YES TO THE TRAVEL YES THE	ndation: Yes
CLAIMING FOR Date of hospital	a note or account from a receipt for travel (por a receipt for travel	TION - ONLY CLAIMAI YYYY) Date of hosp r carer stayed	BLE UNDER CE	car travel) Yes RTAIN PRODUCTS	odation: Yes
CLAIMING FOR Date of hospital Name of hotel/	a note or account from a receipt for travel (por a receipt for travel	TION - ONLY CLAIMAI YYYY) Date of hosp r carer stayed ts to confirm my hospital st	BLE UNDER CE ital discharge (Di	CAT TRAVEL YES TO THE TRAVEL YES THE	odation: Yes
CLAIMING FOR Date of hospital Name of hotel I have attached	a note or account from a receipt for travel (poor accommodal admission (DD MM fmotel where you/you supporting document	TION - ONLY CLAIMAI YYYY) Date of hosp r carer stayed ts to confirm my hospital st	BLE UNDER CE ital discharge (Di tay and original tay	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommo	
CLAIMING F Date of hospita Name of hotel I have attached CARER DETA Was a carer recommended	a note or account from a receipt for travel (por a receipt for travel	TION - ONLY CLAIMAI YYYY) Date of hosp r carer stayed ts to confirm my hospital st TAL LETTERS AND A BLACK Foatient's travel, or provide s	ed in the case of BLE UNDER CE ital discharge (Di tay and original tay and original tay upport before an	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommo	
CLAIMING F Date of hospita Name of hotel I have attached CARER DETA Was a carer recommended	a note or account from a receipt for travel (por a receipt for travel	TION - ONLY CLAIMAI YYYY) Date of hosp r carer stayed ts to confirm my hospital st	ed in the case of BLE UNDER CE ital discharge (Di tay and original tay and original tay upport before an	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommo	
CLAIMING F Date of hospita Name of hotel I have attached CARER DETA Was a carer recommended	a note or account from a receipt for travel (por a receipt for travel	TION - ONLY CLAIMAI YYYY) Date of hosp r carer stayed ts to confirm my hospital st TAL LETTERS AND A BLACK Foatient's travel, or provide s	ed in the case of BLE UNDER CE ital discharge (Di tay and original tay and original tay upport before an	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommo	
CLAIMING F Date of hospita Name of hotel I have attached CARER DETA Was a carer recommended	a note or account from a receipt for travel (por a receipt for travel	TION - ONLY CLAIMAI YYYY) Date of hosp r carer stayed ts to confirm my hospital st TAL LETTERS AND A BLACK Foatient's travel, or provide s	ed in the case of BLE UNDER CE ital discharge (Di tay and original tay and original tay upport before an	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommo	
CLAIMING FOR Date of hospital Name of hotel I have attached CARER DETA Was a carer rec Carer's name a	a note or account from a receipt for travel (por a receipt for travel for t	TION - ONLY CLAIMAI YYYYY) Date of hosp r carer stayed TAL LETTERS AND A BLACK F patient's travel, or provide s mant (e.g.) family member,	ed in the case of BLE UNDER CE ital discharge (Di tay and original tay and original tay upport before an friend.	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommo	
CLAIMING FOR Date of hospital Name of hotely I have attached CARER DETA Was a carer rec Carer's name a	a note or account from a receipt for travel (por a receipt for travel for travel (por a receipt for travel for	TION - ONLY CLAIMAI YYYY) Date of hosp r carer stayed TAL LETTERS AND A BLACK F Datient's travel, or provide s mant (e.g.) family member,	ed in the case of BLE UNDER CE ital discharge (Di tay and original tay upport before and friend.	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommod	No .
CLAIMING FOR Date of hospital Name of hotely I have attached CARER DETA Was a carer rec Carer's name a DECLARATION I confirm that, i	a note or account from a receipt for travel (por a receipt for travel for t	TION - ONLY CLAIMAI YYYY) Date of hosp r carer stayed TAL LETTERS AND A BLACK F Datient's travel, or provide s mant (e.g.) family member, D BY YOUR GP OR MEDICAL: ney undertaken is/was nec	BLE UNDER CE ital discharge (Di tay and original ta PEN) upport before and friend. SPECIALIST) tessary to receive	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommod d after hospitalisation? Yes	No No list treatment because treatment is/was
CLAIMING FOR Date of hospital Name of hotels I have attached CARER DETA Was a carer rec Carer's name a DECLARATIO I confirm that, i not available lo	a note or account from a receipt for travel (por a receipt for travel for trav	TION - ONLY CLAIMAI YYYYY) Date of hosp r carer stayed TAL LETTERS AND A BLACK F Datient's travel, or provide s mant (e.g.) family member, DBY YOUR GP OR MEDICAL ney undertaken is/was nec. No	ed in the case of BLE UNDER CE ital discharge (Di tay and original ta PEN) upport before and friend. SPECIALIST) cessary to receive confirm a carer v	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommod d after hospitalisation? Yes hospital and/or medical special was required to support the patic	No No list treatment because treatment is/was
CLAIMING FOR Date of hospital Name of hotels I have attached CARER DETA Was a carer rec Carer's name a DECLARATIO I confirm that, i not available lo	a note or account from a receipt for travel (por a receipt for travel for t	TION - ONLY CLAIMAI YYYYY) Date of hosp r carer stayed TAL LETTERS AND A BLACK F Datient's travel, or provide s mant (e.g.) family member, DBY YOUR GP OR MEDICAL ney undertaken is/was nec. No	BLE UNDER CE ital discharge (Di tay and original ta PEN) upport before and friend. SPECIALIST) tessary to receive	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommod d after hospitalisation? Yes hospital and/or medical special was required to support the patic	No No list treatment because treatment is/was
CLAIMING FOR Date of hospital Name of hotels I have attached CARER DETA Was a carer rec Carer's name a DECLARATIO I confirm that, i not available lo	a note or account from a receipt for travel (por a receipt for travel for trav	TION - ONLY CLAIMAI YYYYY) Date of hosp r carer stayed TAL LETTERS AND A BLACK F Datient's travel, or provide s mant (e.g.) family member, DBY YOUR GP OR MEDICAL ney undertaken is/was nec. No	ed in the case of BLE UNDER CE ital discharge (Di tay and original ta PEN) upport before and friend. SPECIALIST) cessary to receive confirm a carer v	RTAIN PRODUCTS D MM YYYY) ax receipts to confirm accommod d after hospitalisation? Yes hospital and/or medical special was required to support the patic	No No list treatment because treatment is/was

HCF Application to claim travel and accommodation 0319



7 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 or	n Policy	Date (DD MM YYYY)
X		

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.