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Geelong
 Belmont
 Corio
 Newcomb
 Ballarat
 Bendigo

Colac
 Melbourne
 Portland
 Warrnambool
 Perth
 Hamilton

Claim Form

Section 1: Member Details

Member Number

Title..... Surname Given Name/s

Address Postcode

Is this your permanent mailing address? Yes No Business Hours Contact Number

Section 2: Claim Details

Is this claim resulting from an accident? Yes No

If eligible, would you like to use any available Connect Rewards for this claim? Yes No

Patient's First Name	D.O.B.	Provider of Service	Account Paid
1			Yes / No
2			Yes / No
3			Yes / No
4			Yes / No

Section 3: Medical Services Rendered in Hospital

For inpatient medical claims, the hospitalisation was from/...../..... to/...../.....
 at.....Hospital.

Section 4: Adding a Newborn Child

Title..... Surname..... Given Name/s

D.O.B. / / Male Female

Section 5: Electronic Funds Transfer (EFT) Details

1. Would you like your claim to be deposited directly into a bank account via EFT? Yes No
(This option is only available if your direct credit account details are held by GMHBA and your claim is for paid accounts).

Section 6: Agents Authority

Complete this section if you would like another person to collect benefit entitlements on your behalf. Please ensure you and your agent have signed below prior to lodging the claim.

Agent's signature..... Member's signature.....

Member's Acknowledgement and Declaration

Liabilities of Contributors to GMHBA

A Contributor can be liable to GMHBA for unpaid premiums and for overpayments.
 Overpayments can be made by GMHBA to a contributor, either through an error in completing a claim, or an error in processing a claim. If an overpayment is made, the contributor is liable to repay the amount of the overpayment to GMHBA on demand.

If a Contributor is liable to GMHBA for unpaid premiums or overpayments then GMHBA has the right to deduct the amount of that liability from any monies due by GMHBA to the Contributor on any account.

Damages & Compensation Statement

Where you or your dependants have a right to claim damages or compensation from any other person or body, you are required to pursue that entitlement prior to lodging a claim for benefits with GMHBA. A claim should only be lodged with GMHBA if action at law is unsuccessful. A letter of denial is required. This includes WorkCare, TAC, Public Liability and Third Party Claims.

Privacy Disclosure Statement

Personal information provided by you on this form will be used to deliver the health insurance claims service to you. Failure to provide all of the required information may prevent us from completing your claim. The information we collect from you is confidential. We may disclose this information to Government authorities and health care providers. You are entitled to access your personal information. You can do this in writing or by calling our Customer Service Centre on 1300 4 GMHBA (46422).

Audits

GMHBA undertakes audit activities in order to protect members' assets and contain costs. From time to time, in the general interest of members, a GMHBA representative may contact you with a request for assistance to monitor costs - whether relating to benefits paid or charges raised by health care providers. Your co-operation with such requests is critical to our cost containment efforts, and will be treated in a completely confidential manner.

Declaration by Member

I hereby claim benefits for the professional services to which this claim relates and I declare that:

- I have paid or am liable to pay the expenses in this claim.
- There is no entitlement to claim compensation or damages from any other source including Workcare, Third Party, Repatriation, or claim for damages.
- The services were not for the purpose of health screening, superannuation entry or a health examination requested by an employer.
- I have read and understood, and have made the other people on this membership aware of, the Privacy Disclosure Statement. I acknowledge that, where practicable, information is provided with the consent of the individual to whom it relates and I confirm that I have the authority to act on behalf of the persons named on this membership.
- The information supplied is true and correct.
- I authorise GMHBA to contact the provider of any professional service for clarification of any details in this claim.

Member's signature:.....

Date...../...../.....

Receipt of Benefits - Branch use only

Received by cash/cheque the sum of \$.....

Member/Authorised

Agent signature:

Date...../...../.....

Important Information

1. You do not need to complete a claim form if the claim is to be presented at a GMHBA Branch by the Member (paid accounts only).
2. A claim form must be completed for all claims lodged by mail or for claims made by authorised agents on behalf of the Member.
3. Claims must be accompanied by the original itemised account/s and, if the account has been paid, by the receipts.
4. Claims must be made within two years of the date of service or treatment.
5. GMHBA's benefits are provided in accordance with the terms and conditions set out in GMHBA's By-Laws. GMHBA's Brochures and Member Guide provides a summary of the main benefits and conditions or Members are encouraged to read GMHBA's By-Laws, a copy of which can be viewed at any GMHBA branch.
6. You will be required to provide additional documentation with claims for the services/items listed below.
 - A doctor's letter of recommendation is required to be lodged with claims for the following items/services - blood glucose monitor, extremity pump, nebuliser pump, appliances, sleep apnoea monitor, pressure garments, GMHBA approved orthopaedic appliances, oxygen, medical aids, home and domestic nursing aids, defined accommodation (respite), nicotine replacement therapy patches, learn to swim lessons and blood pressure monitors.
 - An "Orthodontic Treatment Plan Certificate", completed by the treating orthodontist/dentist, is required with claims for orthodontic treatment. You can obtain an "Orthodontic Certificate" from any GMHBA branch or by contacting our Customer Service Centre on 1300 4 GMHBA (46422).
7. Benefits for unpaid accounts will be paid by cheque made payable to the health care provider or directly deposited to the provider's account.
8. Benefits for paid accounts will be paid:
 - In cash at any GMHBA branch for claims less than \$500, when claimed in person, or by an authorised agent or spouse (if spouse authority given).
 - By cheque, made payable to the Member for larger claims, and mail claims.
 - By direct crediting into your bank account on request. This option is only available if your direct credit account details are held by GMHBA and your claim is for paid accounts.

OFFICE USE ONLY

Document Number:	Date Received:
Membership Details Member Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cover:..... Joined: Cover:..... Joined:	Previous Membership Details Fund/GMHBA Member Number..... Cover: Joined: Ceased:

Date Paid To:

	Date of Service	Provider Number	Item Number	Cost (\$)	Number of days/items	Benefits paid by GMHBA (\$)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
					TOTAL	\$