

## Psychology benefits are available to HCF members on Multicover and Super Multicover.

Benefits are available to members who have been claiming psychology benefits under Medicare and have exhausted their Medicare entitlements. The psychology treatment must be necessary and ongoing, and with a state registered psychologist who is treating you as a private patient.

Under Medicare, eligible patients can claim up to 12-18 Medicare rebates per calendar year (in groups of up to six services) for services provided by clinical psychologists, appropriately trained GPs and other allied mental health professionals.

If you are uncertain about Medicare entitlements for psychology, call Medicare on 13 20 11.

To claim a benefit from HCF, please submit this completed form along with receipts or accounts for payment.

### Section 1 Claimant's details

HCF Membership No.

Date of birth

 /  / 

First Name

Surname

Is this claim the result of an accident or trauma:  Yes  No

If 'yes', please give the date of the event

 /  / 

Is the claimant entitled to any form of compensation, damages or payment as a result of the accident or event?  Yes  No

If 'yes', please provide brief details \_\_\_\_\_

Your GP's name

Postcode

### Section 2 General Practitioner or Psychologist to complete

Name

Medicare provider number

Telephone number including area code

Postcode

Number of Medicare-funded psychology sessions the patient has had this calendar year:

Date of last Medicare funded psychology session:

 /  / 

Please indicate the length of time recommended for this course of treatment:  months

#### Declaration by the general practitioner or treating psychologist

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.

General Practitioner / Psychologist signature and practice stamp

Date

 /  / 

#### Declaration and Authority (to be completed by the member)

I declare all information stated in this claim form and any supporting documentation to be true and correct. All goods and/or services were received by the patient and administered by the provider shown. No ancillary benefits are being claimed from HCF that have been, or will be, claimed from Medicare. The patient was not aware of any symptom related to the condition for which benefits are claimed before joining HCF or transferring to current level of cover. I acknowledge that HCF may need to disclose details of this claim to third parties to establish the correct benefit entitlement and I authorise HCF to contact the provider and to access any information needed to verify and process this claim. I acknowledge that HCF otherwise deals with personal information of patients in accordance with the terms of its privacy policy, which is available on the HCF website, or by request from HCF branches. I confirm I was a financial member of HCF when these goods and/or services were provided and I am authorised to sign the claim form as the contributor or contributor's nominated partner on the policy.

Signature of Member

Date

 /  / 

**PRIVACY** How HCF collects, uses, keeps and secures personal information is described in the HCF Privacy Policy.

For a copy of this policy, visit a branch, call 13 13 34 or log onto [www.hcf.com.au](http://www.hcf.com.au)

Call HCF Member Information 13 13 34

**HCF**

+ We're different.™

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