Claim form



First name	
Family nam	e
Medibank n	nembership number Date of birth (DD/MM/YYYY)
Please not	e Medibank will only pay benefits for claims lodged
within two must be cu by your pre (not availal will be sent	(2) years of the date of service, and your membership irrent at date of service. Benefit payments will be made eferred method (EFT/Chq) and a statement of benefit ble for Overseas Student Health Cover (OSHC) members) to the address we have on record. If you wish to update s, simply visit us online.
Section 2:	Claim information.
of a third p common lo you may be entity othe	m relates to an injury or illness caused by the negligence arty (e.g motor vehicle accident, workers' compensation, aw), you may be entitled to compensation. If you think e entitled to compensation from a third party (i.e from an r than Medibank), please contact our Compensation Teanging this form. Refer to our contact details on page 2.
are atta in Englis	ensure the receipts and/or accounts for each claim ached, and that they are original, itemised in full, written sh, and on the provider's official stationery, or have the r's official stamp.
any rece	dicate that your account is paid in full, please provide eipts as evidence, otherwise Medibank may:
	able to pay benefits for the claim; or my benefits for the claim directly to the service provider.
The se	ervices I am claiming for have been paid in full.
	an Overseas Student, Overseas Visitor or Overseas Worker h Cover. <i>If ticked, please proceed to section 3.</i>
that v form, Bene	e you made a claim through Medicare for medical services were performed in hospital? Before submitting this claim make sure you have obtained the Medicare Statement of fits available through the MyGov inbox or by contacting care. These will need to be lodged with this form.
l'd like	to use my Membership/Package Bonus.
l'd like	to use my Gold Hospital Bonus.
Section 3:1	Declaration.
I declare a All informa correct. I c provided w Privacy Pol to give Med	nd acknowledge that: tion supplied in connection with this claim is true and onsent to the handling of my personal information vith this claim in accordance with the Medibank Private licy. I authorise any hospital or health service provider dibank Private any information as may be necessary to claim. The expenses detailed in this claim are not, and subject to a compensation or damages claim.* If I am
will not be, lodging this consent to	s claim for another person, I declare that I have their
will not be, lodging this consent to acknowled *Benefits are receive com you will purs on application	s claim for another person, I declare that I have their lodge this claim and to make the above declarations and
will not be, lodging this consent to acknowled *Benefits are receive com you will purs on application	s claim for another person, I declare that I have their lodge this claim and to make the above declarations and Igements on their behalf. e not payable where you have, or may have, an entitlement to pensation or damages. In such circumstances, we expect that ue that entitlement. We may make provisional benefit payments on, subject to our Fund Rules and policies, but you must agree to
will not be, lodging this consent to acknowled *Benefits are receive com you will purs on application	s claim for another person, I declare that I have their lodge this claim and to make the above declarations and Igements on their behalf. e not payable where you have, or may have, an entitlement to pensation or damages. In such circumstances, we expect that ue that entitlement. We may make provisional benefit payments on, subject to our Fund Rules and policies, but you must agree to

Lodging a claim.

There are many convenient ways to make a claim.

Register or login to My Medibank at medibank.com.au/login For OSHC members visit medibankoshc.com.au

Membership card

Claim on the spot for some extras services at participating providers.

My Medibank App

Make a claim directly through the app as soon as you've visited your provider. You can even check your claims history and the status of claims you've made.

By mail

Send the completed claim form and supporting documents to:

Medibank Medical & Extras Claims Reply Paid 2984 MELBOURNE VIC 8060

Visit medibank.com.au/selfserve for more information on ways to claim.

We're here to help.

If you have any questions or require help completing this form, call us on 132 331. For OSHC members, please call 134 148. For our Compensation Team, please call 1300 880 276.

We'll be happy to help.

Privacy Statement.

We collect and use your personal and sensitive Information to enable us, other Medibank Group Companies and our third party suppliers and partners to provide you with products and services, including insurance, health related services and partner offerings and to give you information on other products and services. If we do not collect this information, we may not be able to provide you with these services. We may collect your information from you, another person on your membership, a person authorised to provide us this information on your behalf, another Medibank Group company or a third party. Where you give us personal information about others, you must ensure that you let them know what information you are giving us and that you have their consent to do so. You should also let them know about this Statement. We may disclose your personal information to persons or organisations in Australia or overseas including other Medibank Group Companies, our service providers and professional advisers, health service providers, our suppliers and partners, government agencies, financial institutions, your employer (if you have a corporate product) and your educational institution, migration agent or broker (if you have OSHC or a visitors cover). We may also disclose your information to other persons covered under your policy or your agents and advisers. We may disclose your personal information overseas to other Medibank Group Companies or third parties who provide services to us including in India, the United States and New Zealand. We or another Medibank Group Company may contact you to market products and services and to keep you informed of special offers from Medibank Group Companies and third parties, including by direct mail, SMS and MMS messages, by phone and email. You can choose how we communicate with you and manage your consents to receiving promotions and offers by calling us on 132 331, visiting one of our stores, or accessing the Manage My Preferences page within the Online Member Services facility. Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information we hold about you, how you can lodge a privacy complaint and how we manage such complaints. You can obtain a copy of our Privacy Policy by contacting us or at medibank.com.au or contact our Privacy Officer at 695 Collins Street, Melbourne, VIC 3008 or email privacy@medibank.com.au