

Hospital and Extras Claim Form



The Doctors' Health Fund Limited

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Important information to note

1. Claims must be lodged within two years of the date of the service
2. Please contact us on 1800 226 126 to discuss how to submit your claim when your doctor sends the bills for your hospital treatment to you.
3. Claims cannot be paid if
 - a student dependent's annual registration is not up to date
 - the service is excluded or restricted on your cover, a waiting period is incomplete or you have exceeded any claims limits on your cover
 - the service provider is not qualified under the Fund rules
 - the service was for health screening, superannuation entry or an employer requested health check
 - you are behind with your contributions
 - you will be paid compensation or damages by a third party
 - the service was provided while your membership was suspended
 - the service provider is directly related to you
 - you provide false or inaccurate information on your claim form

Title Surname Given Names

Business hours phone contact

To ensure we can accurately match your claim to your membership record please supply EITHER your

Membership number OR your

Full address

State Postcode

Attach the accounts and receipts for the items you list below as claims, please make one entry per account or receipt.

Patient's Name	Name of provider	Type of service	Paid Yes/no

Hospital name

Admission date Discharge date

If you have already provided the details we will pay your benefits direct to your account. You can provide details for direct credit of your benefits below. Otherwise we will forward your benefits by cheque.

Financial institution

BSB - Account number

Signature Date

PRIVACY WARNING: Information supplied about claims may be supplied to the person paying for the membership. Privacy legislation is overridden by other legislation, such as taxation legislation, and we may be required to provide them with information about your claims.