

VISITORS COVER - CLAIM FORM AND MEDICAL CERTIFICATE

CLAIM FORM



Before you complete this claim form:

- did you know that you may be able to submit your claim for selected services online at **bupa.com.au**?
(terms and conditions available at bupa.com.au)
- if you're taking your claim into a Bupa Centre you may not be required to complete this form for selected services.

Visit myBupa your personalised member section

This allows you to view and update your membership details and helps you to easily manage your health cover - anytime, anywhere. Simply login to bupa.com.au/mybupa
For more claiming options, see *Just before you send*.

1. Please complete this form **USING BLACK INK** and write within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a **CROSS**. Start at the left of each answer space and leave a gap between words. **PLEASE DO NOT STAPLE**.
2. Please complete all details that are relevant to you on all pages of this form.
3. If you are claiming for any hospital admission or medical consultation within the first 12 months of membership, please complete the Medical Certificate and return it with your claim form.
4. Read the declaration and sign all the relevant signature panels.

Are you an:

Overseas Visitor

Overseas Student

SECTION A: Your details

Bupa membership number

Surname

Date of birth

First name

SECTION B: Contact address for this claim

Mail address

Home Phone (including area code)

Work Phone (including area code)

Postcode

Please note that the postal address for the membership can only be changed by the policyholder or those with authority. If you would like to update your postal address to the address noted here please tick here and ensure that the policy holder/someone with authority signs this form

Yes No

Mobile

Email

SECTION C: Benefit payment

Please cross the box to indicate how you would like your Benefits paid to you.

Pay into the following bank account (details MUST be provided every time you claim).

Name(s) of account holder(s)

Name of financial institution where account is held

BSB number

Bank account number

You may need to still settle any outstanding amounts payable with your provider. Please enclose original accounts/receipts. If a receipt is not provided for Medical claims, benefits will be made payable to the provider. Please note - a service provided by a hospital which you have paid in full will be reimbursed by cheque only. All accounts/receipts and any documents supporting your claim will be retained by Bupa. Should you wish to retain a copy of any accounts/receipts relating to your claim, we recommend you make a copy of these before submitting your claim. Please retain your benefit statements for your personal tax records if applicable.



SECTION D: Claim details (claims must be made within 2 years of the date of service)

Please indicate number of claims attached

Is the service claimed resulting from an accident*?

 Yes

 No

If yes, please provide details

Type of accident

How did the accident occur?

Whenever you make a claim, you must:

Provide the original account and/or receipt from the provider of the service, or the Medicare statement if you are claiming the 'gap' Benefit for treatment received in hospital (this will be noted on the statement). Please retain your benefit statements for your personal tax records.

*An accident means an unexpected event that leaves you with an injury that needs urgent medical attention from a registered practitioner other than the Policyholder.

In relation to your claim(s) were you an in-patient in hospital?

 Yes,

 No

If yes, please provide details

Name of hospital

Date of hospitalisation

From

To

Reason for hospitalisation

Is the claim for a medical consultation out of hospital?

 Yes, refer to 'Pre-existing conditions' in section G of this form.

 No.

If yes, what were you being treated for?

SECTION E: Patient recover details

Can you or the patient recover any costs/damages as a result of the condition from any other source (e.g. Third Party, Workers' Compensation, motor vehicle accident insurance, Repatriation, persons liable at law, etc.)? Refer to 'Compensation from a third party' in section G of this form.

 Yes

 No

If yes, please explain

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SECTION F: Declaration, acknowledgement and authority

Please read carefully and then sign this declaration

Privacy Statement

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices or our complaints handling process, please refer to our *Information Handling Policy*, available on our website at www.bupa.com.au or by calling us on 134 135. When you join, you agree to the handling of your personal information as set out here and in our *Information Handling Policy*.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If we send your information outside of Australia, we will require that the recipient of the information complies with privacy laws and contractual obligations to maintain the security of the data. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*. Each person on a policy aged 17 or over may complete a 'Keeping your personal information confidential' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information within a reasonable timeframe. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

For important conditions concerning benefits, please see Section G.

I declare that the services claimed were received by the patient and that all information on this form is true and correct.

I acknowledge that a Benefit may not be payable or may be reduced if any applicable waiting periods have not been served, yearly limits have been reached, the services claimed are excluded or restricted under my Cover, hospital treatment for which Medicare pays no benefit, including surgical podiatry, most cosmetic surgery, experimental treatment and/or any treatment/procedure not approved by the Medical Services Advisory Committee (MSAC), or where benefits otherwise are not payable under Bupa's Fund Rules. Refer to *Important Claiming Information* underneath.

I authorise Bupa to obtain information from the provider for any service claimed.

Policyholder's signature

SECTION G: Important claiming information

Membership Terms and Conditions - The following is an outline of some of the membership terms and conditions relevant to payment of Benefits, please refer to the *Important Information Guide* on bupa.com.au or contact us for further details.

Set Benefit - Bupa has determined a Benefit for most services you receive - called a Bupa Set Benefit.

Waiting Periods - A waiting period applies to a Treatment covered under the membership. No Benefits will be payable for any service, appliance or Treatment received before the relevant waiting period has been served. For the relevant waiting periods please refer to the *Important Information Guide* on bupa.com.au or contact us for further details

Compensation from a third party - If you have an Accident or are injured (e.g. in a motor vehicle accident or as a result of your employment) and have a right to receive Compensation or damages from a third party, you are not eligible for Benefits (includes future cost of treatment). This applies whether or not you pursue the claim and whether or not Bupa has made any payment. You may apply for provisional benefits, but these must be paid back if you receive Compensation.

Pre-existing conditions - A pre-existing condition is any condition, that in the opinion of the Bupa Medical advisor (after review of requested information supplied by the members past/present Medical Practitioner), was present at any time in the 6 months before joining or before you upgraded to a higher level of cover. It is not necessary that you or your doctor knew of your condition or that the condition had been diagnosed. You are responsible for supplying relevant clinical information in support of the claim.

Please note, Bupa may require a Medical Certificate to complete your claim.

'Yearly Limits' - 'Yearly Limits' means the Maximum Benefit in a service category per Insured Person per calendar year except in the case of life-time limits (as referred to in the Product Rules) and periodic limits (as referred to in the General Treatment Benefit Guidelines). All 'Yearly Limits' apply from date of service/purchase.

Just before you send



Check that you have completed and signed all the boxes relevant to your application, including the declaration.

Please mail your claim form to:

Bupa GPO Box 9809 Brisbane QLD 4001

Or you can email your claim to corporateclaims@bupa.com.au or fax to **1300 365 848**.

If you would like any assistance, please call us on **134 135**. If you are on Overseas Student Health Cover and you would like any assistance, please call us on **1800 888 942**.



MEDICAL CERTIFICATE



1. You will need to have this section of the form completed when claiming for any hospital admission or medical consultation within the first 12 months of membership.
2. Please see the back page for important information about pre-existing medical conditions.
3. Before you send this form, please complete all details that are relevant to you, read the declaration and sign all the relevant signature panels.

SECTION A: Your details - to be completed by member/patient

Bupa membership number	Cover
<input type="text"/>	<input type="text"/>
Surname	First name
<input type="text"/>	<input type="text"/>
Patient's surname	Patient's first name
<input type="text"/>	<input type="text"/>
Date of birth	What are you being treated for?
<input type="text"/>	<input type="text"/>
Date of arrival in Australia	
<input type="text"/>	

Claim details (If you are being treated as an in-patient in hospital)

Name of hospital	<input type="text"/>		
Date of hospitalisation from	<input type="text"/>	to	<input type="text"/>
		Number of days	<input type="text"/>

Patient authority

I authorise all medical practitioners whom I sought treatment for the above ailment, illness or condition to provide Bupa with any personal and medical information relating to my medical history and any other additional information as may be required for the purpose of determining this claim.

Patient's (or Guardian's if applicable) signature	Date
<input type="text"/>	<input type="text"/>

SECTION B: Certificate - to be completed by treating medical practitioner or any overseas doctor you have consulted

1. How long have you been the treating medical practitioner for the above patient? Years <input type="text"/> Months <input type="text"/> Weeks <input type="text"/> Days <input type="text"/>	4. I certify that in my opinion <input type="text"/> (Patient's full name) first consulted me with signs or symptoms consistent with <input type="text"/> (nature of current illness or condition) on <input type="text"/>
2. How many times has the above patient consulted you for professional advice over the past twelve months? <input type="text"/>	and in my professional opinion such signs and symptoms had been in evidence prior to this date for a period of Years <input type="text"/> Months <input type="text"/> Weeks <input type="text"/> Days <input type="text"/>
3. Did any of the consultations provided over the past six months exhibit signs or symptoms which could have been indicative of the patient's current condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details <input type="text"/>	

SECTION B: Continued overleaf



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SECTION B: Certificate (continued) – to be completed by treating medical practitioner or any overseas doctor you have consulted

5. Describe the nature of presenting symptoms

6. Has the patient ever suffered from an episode of similar symptoms (including similar symptoms of lesser severity) or has this diagnosis been made in the past?

Yes No If Yes, when?

7. Is the condition acute or chronic?

8. Final diagnosis of ailment, illness or condition(s) which determined reason for hospitalisation

9. Please add any other relevant information or comments

Medical practitioner's name

Qualifications

Phone number

Fax number

Are you primarily a (please select one)?

GP Specialist Surgeon

Medical practitioner's signature

Date

SECTION C: Important information

Pre-existing condition

A pre-existing condition is any condition, that in the opinion of the Bupa Medical advisor (after review of requested information supplied by the members past/present Medical Practitioner), was present at any time in the 6 months before joining or before you upgraded to a higher level of cover. It is not necessary that you or your doctor knew of your condition or that the condition had been diagnosed. You are responsible for supplying relevant clinical information in support of the claim.

When to contact the fund

If you have less than 12 months membership on your current hospital cover, make sure you contact us **before** you are admitted to hospital and find out whether the pre-existing condition waiting period applies to you.

We need about 5 working days to make the pre-existing condition assessment, subject to the timely receipt of information from your treating medical practitioner(s).

Make sure you allow for this timeframe when you agree to a hospital admission date. If you proceed with the admission without confirming benefit entitlements and we (the health fund) subsequently determine your condition to be pre-existing, you will be required to pay all hospital charges and medical charges not covered by Medicare.

Emergency admissions

In an emergency, we may not have time to determine if you are affected by the pre-existing condition rule before your admission. Consequently, if you have less than 12 months membership on your current hospital cover you might have to pay for some or all of the hospital and medical charges if:

- you are admitted to hospital and you choose to be treated as a private patient
- we later determine that your condition was pre-existing.

Privacy and your personal information

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We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If we send your information outside of Australia, we will require that the recipient of the information complies with privacy laws and contractual obligations to maintain the security of the data. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*. Each person on a policy aged 17 or over may complete a 'Keeping your personal information confidential' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information within a reasonable timeframe. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

Just before you send

Check that you and your treating medical practitioner have completed and signed all the boxes relevant to your application.

Please mail your claim to:
Bupa GPO Box 9809 Brisbane QLD 4001

Or you can email your claim to corporateclaims@bupa.com.au or fax to **1300 365 848**.

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