

Claim Form



Please complete, sign and return to Emergency Services Health Pty Ltd

Post: Reply Paid 84966 Halifax Street SA 5000
 Email: myclaim@eshealth.com.au
 Fax: 1300 151 152

When claiming include accounts, receipts and medical statements.
 If emailing your claim include the membership number relating to the claim in the subject line.

1 CLAIMANT DETAILS Must be an insured person or person authorised to claim MEMBERSHIP NUMBER

Surname _____ Given Name/s _____

Postal Address _____ Postcode _____

Telephone: Home _____ Work _____ Mobile _____

Email _____ DOB _____

2 CLAIM DETAILS Claims must be lodged with Emergency Services Health within two years of date of service

Patient's Given Name	Date Of Birth	Name Of Provider/Dr.	Fee Charged	Account Paid?# Yes/No	Direct Credit to Bank Account Yes/No
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

#If you have not paid for the services being claimed, Emergency Services Health will always draw the benefit payment in favour of the service provider, you will need to forward this cheque together with your payment for any difference remaining to the service provider.

3 PAYMENT OF BENEFIT For this claim only

Please complete this section to provide the details of the account you wish to have eligible benefits paid into for this claim only.
 Where an insured person is 14 years and over and has provided us with their separate direct credit details, benefits will be paid into their account.

BSB - Account Number

Account Name _____

4 DIRECT CREDIT DETAILS CAN BE UPDATED BY For future claims

- Logging onto our Online Member Services at www.eshealth.com.au
- Calling us on 1300 703 703
- Emailing enquiries@eshealth.com.au

Note: Where an insured person 14 years and over has provided us with their separate direct credit details, benefits will be paid into their account.

5 DECLARATION Please ensure this section is completed

In respect of the services claimed:

- Does the treatment result from an accident? If yes, please provide details: YES NO _____
- Are you, or the insured person this claim relates to, or entitled to claim Third Party, Workers Compensation or damages from any other source? YES NO
- I authorise Emergency Services Health to contact the Hospital or provider of any services for clarification of any details of the attached claim, if necessary.
- I agree to personal information provided in relation to this claim being handled in accordance with the Privacy Policy of Emergency Services Health and acknowledge the Privacy Notice on the back of this form.
- If the claim relates to another person, I have the other person's consent or the necessary authority to make this claim and to signing this declaration.
- The information supplied is true and correct.

To agree with the above please tick the box if submitting this form via email, or sign below if posting.

Print Name _____ SIGNED _____ DATE / / _____

PRIVACY NOTICE

Like all health insurers, Emergency Services Health is required to collect personal information. We respect your privacy, treat this information confidentially and store it securely. We collect and manage personal information in accordance with the Emergency Services Health Privacy Policy and the Australian Privacy Principles. You should read and be familiar with the Policy, and ensure that other persons that are covered by your health insurance policy also read and are aware of the Privacy Policy. This Privacy Notice contains a summary of some important issues, but the Policy has more detail.

Emergency Services Health will collect personal information from you, a responsible person, or a third party, either directly or indirectly, when:

- You apply for membership with Emergency Services Health to purchase a health insurance policy, and if accepted, you're the policy holder (Contributor) of the policy.
- You're a dependent (spouse, partner or child) under a health insurance policy and the policy holder (Contributor) holds or has applied to purchase a health insurance policy which covers you.
- A claim for benefit is made on your health insurance or when dealing with Emergency Services Health through one of its communication channels.

Personal information collected includes names, addresses, age, bank account details, telephone numbers, email addresses and sensitive (health) information. Once we've accepted you, and you're insured under a health insurance policy, we will collect personal information on a recurring basis for the duration of your health insurance policy. It's necessary for us to collect your personal information when you or a responsible person on your behalf interact with us, especially when making a claim for health treatment either by post, facsimile, through electronic channels or through a third party such as a hospital, medical practitioner or other service provider who may claim directly from us on your behalf. Collection and disclosure of your personal information by us is required, and, depending on the information, is also required under the Private Health Insurance Act 2007 and Private Health Insurance (Prudential Supervision) Act 2015. We collect personal information for the purposes described in the Privacy Policy and, in particular to manage the health insurance and health-related services we provide.

If we do not receive the necessary information or the information is not accurate or complete, then we won't be able to provide you with our services, including:

- Processing your application for a health insurance policy and insuring you or other people on the health insurance policy.
- Providing services associated with billing and claiming of benefits.
- Effectively dealing with your enquiries, issues or complaints.
- Providing you with other benefits and services in relation to your health insurance cover.

Personal information may also be used in advising you of direct marketing offers such as products or services provided by or in conjunction with Emergency Services Health, which we consider may be of interest to our members.

We may need to disclose personal information to other people insured under the same health insurance policy, government agencies, other health insurers, organisations or individuals with whom we contract for services, health service providers, financial institutions and your employer.

We are not likely to disclose personal information to overseas recipients.

The Privacy Policy contains further information on how you may:

- Have reasonable access to and seek correction of your personal information.
- Complain to us about a breach of the Australian Privacy Principles and how we will deal with such a complaint. Our contact details can be found on our website www.eshealth.com.au.

The policy holder (Contributor) or another insured person must only provide personal information relating to other people on the policy if authorised to do so. It's important that all persons (currently insured, or who become insured, or consider joining Emergency Services Health) are aware of and understand this Notice and our Privacy Policy. It is the responsibility of the policy holder (Contributor) to ensure that every other person covered under the policy is aware of this Notice and the Privacy Policy. Other people on the policy should be made aware that the policy holder (Contributor) receives and can view through our On-line Member Services (OMS) all information relating to their claims for benefits and hence the policy holder (Contributor) has access to their health information, and where the policy holder (Contributor) has supplied an email address, remittance notices will be sent to that email address, unless an individual has requested their claims information be kept private in which case their claims information will not be shown on OMS or electronic remittance notices sent to the nominated email address.

If any insured person aged 18 years or older wishes to ensure that their personal information is not disclosed to other people on the policy, they should purchase their own health insurance policy.

A copy of Emergency Services Health's Privacy Policy can be obtained from our website www.eshealth.com.au or by contacting our office.