

Claim Form



Please complete, sign and return to **Emergency Services Health**

PO Box Reply Paid 6111 Halifax Street Adelaide SA 5000 - myclaim@eshealth.com.au

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

COVER LIKE NO OTHER

1 Claimant Details - Must be an insured person or a person authorised to claim

MEMBERSHIP NUMBER

Surname Given Names

Postal Address Postcode

Telephone: Home Work Mobile

Email DOB

2 Claim Details - Claims must be lodged with Emergency Services Health within two years of service

Patient Given Name	Date of Birth	Name of Provider	Fee Charged	Account Paid? Y/N	Direct Credit to Bank Account? Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not paid for the services being claimed, Emergency Services Health will always draw the benefit 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 debit details, benefits will be paid into their account.

BSB - Account Number

Account Name

4 Direct Credit Details - Can be updated for future claims

To update your Direct Credit Details for future claims, simply:

- Log into the Online Member Services portal at eshealth.com.au
- Call 1300 703 703
- Email 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:

- a. Does the treatment result from an accident? If Yes, provide details: YES NO
- b. Are you, or the insured person this claim relates to, entitled to claim Third Party, Workers Compensation or damages from any other source? YES NO
- c. 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.
- d. I agree to personal information provided in relation to this claim being handled in accordance with the Privacy Policy of Emergency Services Health, and acknowledged the Privacy Notice overleaf.
- e. 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.
- f. 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

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6 Privacy Notice

In this Privacy Notice, reference to “we”, “us” or “our” is reference to Police Health Limited (ABN 86 135 221 519), the registered not for profit, restricted access private health insurer, including the brands Police Health and Emergency Services Health. Reference to “you” or “your” is reference to a customer or a person insured under a private health insurance policy.

Like all health insurers, we are required to collect personal information.

We respect your privacy and treat this information confidentially and store it securely.

Personal information is collected and managed by us in accordance with our Privacy Policy (available at www.policehealth.com.au) and the Australian Privacy Principles. You should read and be familiar with the Privacy Policy, and ensure that other persons that are covered by your health insurance policy also read and are aware of the Privacy Policy. This Notice contains a summary of some important issues, but the Privacy Policy has more detail.

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

- You apply for membership with us to purchase a health insurance policy, and if accepted, you are the policy holder (Contributor) of the policy.
- You are a dependent (spouse or child) of a Contributor and the 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 us through one of our communication channels.

Personal information collected includes names, addresses, ages, bank account details, telephone numbers, email addresses and sensitive (health) information.

You should be aware that once you have been accepted by us and you are insured under a health insurance policy, we will collect personal information on a recurring basis for the duration of your health insurance policy. It is 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 is required by us, and is permitted under the Private Health Insurance Act 2007 and the Australian Privacy Principles. 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 will not 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 us, or in conjunction with other organisations, 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 may be found on our forms, brochures and websites.

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 is important that all persons (currently insured, or who become insured, or considering joining us) 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, unless an individual has requested their claims information be kept private in which case claims information will not be shown on OMS.

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 our Privacy Policy can be obtained from our website at www.policehealth.com.au or by contacting our office. The Australian Privacy Principles, and information about privacy, are available from the website of the Office of the Australian Information Commissioner at www.oiac.gov.au.