

Enquiries

Any enquiries about HIF may be made by telephoning 1300 13 40 60 from anywhere in Australia.

How to Claim

- A claim form is not required (except for “Gap Claims) for paid accounts presented at the HIF Customer Service Centre, 60 Stirling Street Perth, for a cash refund by the member.

If you have already paid the account the receipt must be attached. You can obtain payment:

- In cash up to a specified limit at an HIF claims office or any StateWest Credit Society Branch. Please present your membership card when claiming, or
- By EFT directly into your nominated bank, building society or credit union account. (complete the Easy Claim authority on the front of this form.
- By cheque through the post (do not send your membership card). The cheque will be issued in the member’s name and posted to the member’s address as shown on this claim form. Claims should be addressed to HIF GPO Box X2221 PERTH WA 6847. Please note; EasyClaim offers a faster payment time than by cheque. See details below.

Two Way Agency.

HIF members can leave their claims at any Medicare Office. The claims will be forwarded to HIF for processing. Medicare claims can also be left at HIF 60 Stirling Street Perth in the “drop box” provided. These claims will be forwarded to Medicare on your behalf. Please ensure that the appropriate claim form is completed and that all accounts and receipts are attached.

Claims information.

- Original, detailed accounts must be submitted for all claims. Receipts must be produced if the account has been paid. Account documents will be retained by the Fund.
- Claims cannot be submitted by facsimile.
- Claims must be lodged within two years of the date of service.

Gap Benefits **IMPORTANT: MediGap benefits can only be processed if the account is unpaid and has not been processed by Medicare.**

The difference between the Medicare rebate and the HIF MediGap Schedule Fee is referred to as the “Gap”. Gap benefits are payable for eligible members of an HIF private hospital table when the service was rendered whilst the patient was a private in-patient of a recognised hospital. Outpatient services are not eligible for Gap benefits.

Gap Claim Details

Please complete this section if your claim relates to services performed while in hospital.

Medicare Number

Medicare patient identification number.

Doctor (s) name (Please attach the itemised account.)

At what stage did the doctor advise you, in writing, of the treatment costs?
(This is referred to as “Informed Financial Consent”)

Prior to the treatment After the treatment Not at all

Prior to the treatment After the treatment Not at all

Prior to the treatment After the treatment Not at all

Prior to the treatment After the treatment Not at all

I declare that:

- The doctor/s who rendered the service provided me with an estimate of the treatment costs in writing as indicated above and I acknowledged this advice.
- The doctor/s has/have informed me of any relevant financial interest regarding any services or products provided or recommended to me.
- I authorise HIF to claim the Medicare rebate on my behalf and pay the benefit to the provider of the service.

Signature:

Date

Please ensure that the claim declaration on the front of this form has been signed.