

Claim Form

Login to Online Member Services or download the see-u app from the App Store or Google Play for quick and easy claiming.

1 CLAIMANT DETAILS

Full name:

Policy number:

Contact number:

2 BEFORE YOU CLAIM

2.1 What you'll need to send us:

- A clear copy or photo of your receipt/ tax invoice with all required details as outlined in section 2.2 – please keep originals for yourself as we are unable to return documents;
- If you're claiming the health fund portion of a Medicare Two Way claim – we'll need your *Statement of Medicare Benefits*. Please note we are unable to process benefits from Medicare Claims History or Taxation Assessment Statements
- Claims for health management programs require a Health Management Program Approval form to be completed – you can download the form from our [website](#)

2.2 Make sure the following details are clearly shown on your tax invoice/receipt:

- Full name of the Member who received the service
- Full name and/or provider number of the provider who completed the services
- Item numbers and or description of service for the items you are claiming
- Cost and date of service of the items you are claiming

2.3 For faster payment, make sure your bank account details are on file with us. You can update your bank account details by calling us, or logging on to Online Member Services or the see-u app.

2.4 We will attempt to assess your claim within 2 business days from the date it is received – for faster assessment, you can submit your claim through Online Member Services or the see-u app, available via the App Store or Google Play.

2.5 Extras claims under \$500 must be paid in full prior to claiming. If the cost is over \$500 – we can pay the full amount directly to the service provider, via cheque.

3 DECLARATION

By submitting this claim you:

- declare that you have received the services claimed as described in the accompanying invoice;
- agree that see-u may contact providers to assist in the assessment and processing of your claim; and
- acknowledge that see-u reserves the right to recover claims paid to you if you receive third party compensation which includes an amount for healthcare services which we have covered under your policy.

Privacy information

see-u by HBF collects the information on this form and supporting documents in order to process your claim. For more information on how we manage your personal information, please refer to our Member Guide or the HBF Group privacy policy, available at www.seeuhealthinsurance.com.au/privacy-policy

Once you have completed this form:



Email to
info@seeuhealthinsurance.com.au



Post to:
Locked bag 2234 Brisbane QLD 4001