nib Claim Form

Complete your policy details

Member number

Daytime phone number

Email

Title

Given name/s

Surname

Current postal address

Suburb

State Please select

Postcode

Complete the details of your claim

Date of admission/ service	Date of discharge	Patient name	Type of service	Name of the provider	Is this account paid in full?
			Please select		Yes ☐ No ☐
			Please select		Yes ☐ No ☐
			Please select		Yes ☐ No ☐
			Please select		Yes ☐ No ☐
			Please select		Yes ☐ No ☐

Is this claim related to workplace injury, legal actions, international care or some other third party insurance? Yes ☐ No ☐

Do you have a Medicare card? Yes ☐ No ☐

If you answered 'yes': type of card (please tick) Permanent ☐ Interim ☐ Reciprocal ☐

Card number

Start date (mm/yyyy)

Expiry date (mm/yyyy)

How do you want us to pay your claim?

Please select only one payment method:

- ☐ Please credit my direct credit account (if you have authorised nib to credit your account using a **Direct Credit Authority Form**).
- ☐ Please send me a cheque made out in my name.
- ☐ Please send me a cheque made out in my partner's name (only available if you have authorised nib to do this).

If you have not yet paid the account, the benefit will be paid to your provider. You will need to pay the rest of your bill.

Please note: Claim benefits are paid by nib health funds limited ABN 83 000 124 381

Please answer the below questions

Do you have an Australian Business Number (ABN) and are you entitled to claim GST back on your policy premiums? Yes ☐ No ☐

If 'yes', please supply your ABN

Read the following important information and sign this form

By signing this form, I declare that all information I have provided to nib, including all information in this form, is true & correct. I authorise nib to use this information and any other information I have previously given nib to assess and process my claim(s). I consent to nib contacting my previous health fund and/or service provider to request information and/or personal and medical records to verify any aspect of the claim(s). I acknowledge and provide consent for nib to use this information for other purposes related to this claim as outlined in the nib Privacy Policy.

I confirm these services have not been claimed as Point of Service such as iSOFT or HICAPS and that this claim is not subject to workers' compensation, damages action, third party insurance or any other source.

I confirm that the services I am claiming were performed by the providers, and received by the persons as indicated on the healthcare provider's receipts.

Signature Date

My claims checklist

- ☐ I have attached all the receipts and/or accounts for each item I am claiming.
- ☐ All the receipts/accounts I have attached are original, itemised in full, written in English, and are on the provider's official stationery or have the provider's official stamp.
- ☐ I received the services within the last two years. (We do not pay claims made two years or more after the services were received).
- ☐ I am claiming services from a provider recognised by the registered health insurer. (We do not pay claims for the services of providers who are not recognised by us).
- ☐ I have indicated, where applicable, that the claim is related to workers' compensation.
- ☐ I have paid the account. (If you have not paid the account, we will pay your provider).

Privacy

nib health funds limited abn 83 000 124 381 (nib) collects personal information to assess and pay a claim under a policy, including sensitive information such as health information. When a claim is lodged by a person other than the Policy Holder, we ask the Policy Holder to obtain their consent for us to collect their information and provide them information about their privacy rights. Please see the nib Privacy Policy at **nib.com.au/privacy**

For information on how we manage your personal information, including how you can seek access to or correct your personal information, please refer to the nib Privacy Policy at **nib.com.au/privacy**

Need help?

Call: **1800 775 204** From OS: **+61 2 4914 1146**
Mon to Fri: 8.30am – 6.00pm (AEST/AEDT)

Online Chat: **nib.com.au/nibby/**

Please submit your completed form via

Mail: **Reply Paid 62208, Locked Bag 2010, Newcastle NSW 2300**

Claim online or via the app

Online Services: **my.nib.com.au/login**

The nib app: **download the free nib app**