



ACA Health Claim Form

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Locked Bag 2014
Wahroonga NSW 2076

www.acahealth.com.au
Email acahbf.info@acahealth.com.au

Claim Form No.
(For Office Use Only)

Section 1: Policy Holder's Details

ACA Health Membership No. _____

Surname	Given Name
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DayTime Phone No. _____

What is your current mailing address?

Is this your permanent mailing address? Yes No
 If 'yes' your membership records will be updated to reflect this.

Email address _____

Section 2: Payment of Benefit

The benefits for this claim should be paid:

by cheque

as per Direct Credit Authority Form (pre-nominated account)

by Direct Credit to the account below

Name of Financial Institution & Branch _____

Account Holder's Name _____

Bank / State Branch No. (BSB No.) or Institution No. -

ACCOUNT NUMBER

Section 3: Patient Claims

Patient's Given Name	Type of Treatment	For Services Provided By	Have you paid the account?	Name of Hospital (If an inpatient)	FOR OFFICE USE ONLY

Section 4: Declaration, Acknowledgement & Authority

In respect of services claimed:

Did this treatment result from an accident? Yes No

Is there an entitlement to claim compensation of damages? Yes No

Has the claim been lodged for compensation or damages? Yes No

I hereby declare and warrant that all the above information furnished in connection with this claim is true and correct. I authorise the provider or any other authorities concerned with my or my dependant's injury, disease or ailment, or the treatment or diagnosis, to supply all relevant information to the fund, including for the purposes of audit, if required by the fund.

Policy Holder or authorised person's signature

X _____ **Date**

Claiming your benefits...

- Complete and sign this Claim Form
- Attach original accounts and receipts for services received

► **Mail your claim to:** **ACA Health
Locked Bag 2014
Wahroonga NSW 2076**

► **Or lodge in person at:** 148 Fox Valley Road
Wahroonga, Sydney, NSW

Office hours: 9am-5pm monday to thursday
9am-12noon friday

Please note that we are unable to process your claim over the counter.

What happens next?

Your claim will usually be processed within 3-5 business days. Benefits payable will be direct deposited to your nominated account or a cheque will be posted to the address registered on your membership.

If the account has been paid, the benefit will be made payable to the policy holder or authorised benefit recipient. If the account is unpaid, a cheque will be made payable to the service provider.

You are responsible for paying any difference (gap) between the service provider's total charge and the benefit we pay. Documents related to inpatient services will be retained, all other receipts/accounts will be returned to you.

How long do I have to submit a claim?

Claims must be made within two years of the date of service or treatment.

Waiting periods

Waiting periods apply to members who are new to private health insurance or who are upgrading their level of cover. For members upgrading their cover, benefits will be paid at your previous rate until the waiting periods have been served.

Optical	4 months	Pre-existing ailments	12 months
Dental	9 months	Obstetrics (pregnancy)	12 months
Foot orthotics and surgical shoes	12 months	Hearing aids	12 months
All other services	2 months	Prescribed health appliances	12 months

Benefits & conditions

Benefits for the same service and person are not payable on more than one policy. The payment of benefits is subject to ACA Health Benefits Fund Rules and policies, as amended from time to time. The Fund Rules contain the terms and conditions of your membership. A summary of the main fund rules is contained in our Products and Benefits Guide. A copy of our Fund Rules is also available for your perusal at our office or on our website.

Additional information for claiming on in-hospital medical services

These are the medical services you receive while an inpatient in a hospital, or approved day facility, and may include services received from your specialist doctor, assisting surgeons, anaesthetist, pathology or radiology.

- Where your doctor or specialist has informed you they will use the **Access Gap Cover Scheme** to bill for their services, these accounts should be claimed from us first. Send the account to us, ensuring the use of the Access Gap Scheme is clearly noted and we will process the claim with Medicare on your behalf.

Or

- If the Access Gap Cover Scheme is not being used, you will need to claim your benefit from Medicare first. When you receive your payment, you will also receive a Medicare Statement of Benefits which you need to attach to this claim form and send to us to claim your remaining benefit.

What is the Access Gap Cover Scheme?

ACA Health offers the Access Gap Cover Scheme to help cover some or all of the gap between the standard fee set by Medicare and any additional amount charged by your doctor. If your doctor chooses to participate in the Access Gap Cover Scheme, and has charged you in accordance with these arrangements, we can pay a higher benefit, and you will either:

- Have ZERO gap expenses, or
- Know how much you will have to pay before treatment begins, - up to a maximum of \$400 (\$800 for obstetrics)

It's your doctors choice to bill using the Access Gap Cover Scheme, and it's important to discuss with them before your treatment that you would like them to participate in the scheme where possible.

Did you know you can download this claim form & much more at www.acahealth.com.au?

You can also access your membership details at our website using **Online Member Services**. It's a great way to check your claims history, add a dependant, download your tax statement, or update your membership details. To use Online Member Services, visit our website www.acahealth.com.au and follow the Member Log-in prompts.

Not sure about something?

Call us on **1300 368 390**

or email acahbf.info@acahealth.com.au

