Accident Claim Form

medibank
For Better Health

We need the information in this form to assess whether the injury you have sustained is the result of an Accident and whether we'll pay towards the costs of your hospital treatment.

Please note, if you're making a claim under Accidental Injury Benefit*, it's important to know that it is not available on all covers, so check your **Cover Summary** for more information.

What you need to do

You need to complete the form and return it to us. Where possible, you should send us this form before arranging hospital treatment. If you're admitted in an emergency situation, complete and submit the form as soon as possible after your treatment.

If you're admitted before we've assessed your accident claim, make sure you ask the hospital and your doctors to explain what out-of-pocket expenses you could incur, as these costs could be significant.

Section 1: Accident compensation

Could you be entitled to compensation for the accident from another source, for example, a claim with your state's Workers Compensation authority or motor vehicle accident authority, or a claim against some other party?

Please tick Yes or No below:

Yes ☐ No ☐

You may be contacted by our Compensation Team to provide additional information about your claim.

Section 2: Member details (for the member who was injured)

Membership number: Date of birth: / /

First name: Family name:

Residential address:

State: Postcode:

Mobile phone number: Home phone number: ( )

Section 3: How should we contact you?

Once we have received a completed Accident Claim Form, we will assess if you are eligible to receive benefits. Please indicate below if you would like to be notified of this decision by email or post.

☐ Email address:

or

☐ Postal address (if different from above):

Section 4: Details of the claim

Date of accident: / / Time and location of accident:

Date of admission, if admitted: / / Is this the first admission for this injury? Yes ☐ No ☐

Please describe how the accident occurred. If the accident involved a vehicle, please indicate whether you were the driver, a passenger, a pedestrian, a cyclist or another road user:

Please describe the part of your body affected (e.g. left shoulder, index finger) and the type of injury:

I understand that Medibank requires information from the health practitioners nominated in Sections 5 and 6 (and other health practitioners involved in that care) in order to assess whether benefits are payable towards the relevant hospital treatment. I consent to, and direct, these health practitioners (and any other health practitioners involved in that care) to provide Medibank with any information as may be necessary for Medibank to conduct its assessment. I authorise Medibank to collect, use and disclose relevant personal information for the purpose (and related purposes) of assessing the claim, including to determine whether the claim may be subject to compensation.

I declare that the information I am providing is true and correct.

Signature of member or Parent/Guardian: Date: / /

* Accidental Injury Benefit means that any Excluded or Restricted Service will be treated as if it is an Included Service, where you require hospital treatment as a result of injuries sustained in an Accident. Conditions apply - refer to your Cover Summary.

Section 5: To be completed by the referring practitioner

All members: this section must be completed by the medical practitioner who referred you to the specialist providing the hospital treatment.

If you're making a claim under Accidental Injury Benefit, one of the conditions is that you must see a medical practitioner within 7 days of the Accident occurring. This section must be completed by that medical practitioner.

Our member (nominated in Section 2) has indicated that they require treatment as a consequence of an accident. Medibank requires the following information to determine if our member is eligible for benefits under their policy. Our member has consented to the provision of this information. Thank you for completing this section promptly – this will help us to finalise our member's claim.

Injury requiring treatment:

Date of first consultation: / /

Date of first admission for this injury, if admitted: / /

What was the nature of injury and the body site involved?

What is the likely course of treatment required?

Do you consider the injury to be consistent with the description of the accident in Section 4? Yes ☐ No ☐

Comments:

Practitioner's name:

Practitioner type:

Provider number:

Address:

Email:

Phone number: ( )

I declare that the information I am providing is true and correct and any opinion expressed above is my true opinion.

Signature:

Date: / /

Section 6: To be completed by the treating specialist

All members: this section must be completed by the specialist providing the hospital treatment

Our member (nominated in Section 2) has indicated that they require treatment as a consequence of an accident. Medibank requires the following information to determine if our member is eligible for benefits under their policy. Our member has consented to the provision of this information. Thank you for completing this section promptly – this will help us to finalise our member's claim.

Injury requiring treatment:

Date of first consultation: / / Date of first admission for this injury, if admitted: / /

What was the nature of injury and the body site involved?

What is the likely course of treatment required?

In your opinion, what is the likely duration of the likely course of treatment?

Do you consider the injury to be consistent with the description of the accident in Section 4? Yes ☐ No ☐

Comments:

Practitioner's name: Practitioner type:

Provider number:

Address:

Email: Phone number: ( )

I declare that the information I am providing is true and correct and any opinion expressed above is my true opinion.

Signature: Date: / /

Information for members

To assist us to determine whether your injury was caused by an Accident, we need you or your Parent/Guardian to complete all sections of this form. The completion of this form is a requirement of Medibank's Fund Rules.

Steps for completing this form

1. **You or your Parent/Guardian** must complete **Sections 1, 2, 3 & 4** and sign the form.
2. Ask the referring **medical practitioner** to complete **Section 5**. The **specialist** who will be providing the hospital treatment must complete **Section 6**.
3. Once all sections of the form are complete and signed, return **all pages** to Medibank using one of the options below:

   Email^: PEC@medibank.com.au

   Post: Accident Determination, GPO Box 9999 (in your Capital City)

A hospital may submit the form on your behalf.

What happens next?

Once we have received the completed Accident Claim Form, we will determine whether the injury for which you require hospital treatment is the result of an Accident for the purposes of Medibank's Fund Rules. This can take up to 10 working days. We will notify you or your Parent/Guardian once a determination has been made. We may also notify other healthcare providers involved in your treatment.

Medibank's privacy statement

^ Medibank takes the privacy of its members seriously. By corresponding with Medibank via email, you accept that this is not a secure channel and the associated risks to the security of your personal information. We recommend securing your form by using your 8-digit birthdate (DDMMYYYY) as a password.

Medibank collects and uses personal information from this form, and more generally as part of the accident assessment process, to determine whether the injury for which you require hospital treatment is the result of an Accident and to confirm whether you are eligible for payment towards the costs of your hospital treatment. We also collect and use this information to determine whether your claim may be subject to compensation. If we do not collect this information, we may not be able to determine your eligibility for benefits.

We may disclose personal information to persons or organisations in Australia and overseas, including other Medibank Group Companies and our service providers, professional advisers, suppliers and partners. We may also disclose information to your healthcare providers, other persons covered under your policy or your agents, solicitors, insurers and advisers.

Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information, how to lodge a privacy complaint and how we manage such complaints. You can obtain a copy of our Privacy Policy at **medibank.com.au/privacy**

Further enquiries

For all enquiries, please call **132 331.**