

Claim Form

Complete your policy details

Health insurance policy number

Daytime phone number

Given name/s

Surname

Current postal address - this is the address we will send any correspondence to do with this claim

Suburb

State

Postcode

Complete the details of your claim

I am claiming everyday Extras (e.g. ambulance, dental, optical, physio)

Date	Type of service	Name of the provider	Is this related to compensation?		Is the account paid in full?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

I am claiming medical services received in a hospital (e.g. doctors & specialists fees)

Date of admission	Date of discharge	Name of the hospital	Is this related to compensation?		Is this the result of an accident?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No



How we will pay your claim

We will credit your direct credit account (if you have authorised nib to credit your account using a Direct Credit Authority Form).

Claim Form

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 claimed with Medicare for medical services I had in hospital and I have attached the top portion of the Medicare Statement of Benefits and my receipts.

I have indicated, where applicable, that the claim is related to workers' compensation.



Need help?

Chat with us online at nib.com.au/chat



Please submit your claim

Chat:
nib.com.au/chat

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

The nib app:
[download the free nib app](#)

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

