

**Important information**

1. Please ensure that all relevant sections of this claim form are fully completed. We may be unable to consider assessment of your claim unless all information has been provided. Failure to complete all information may result in a delay in the assessment of your claim.
2. The issue and acceptance of this form does not constitute an admission of liability by the company or waiver of its rights.
3. Read, complete and sign the medical authority and declaration section. This allows us to contact the doctor and/or specialist on your behalf if we need any more information to review your claim.
4. Your completed and signed form can be sent to us by:
  - emailing **nibexpatclaims@nib.com.au**
  - submitting via the online claims portal **www.nib.com.au/expathealth/claims**
  - mailing to nib Expatriate Health Claims, AXA Global Healthcare (UK) Limited, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL, United Kingdom
5. For audit purposes, we'll need to keep any invoices connected with your claim.
6. Claims and emergency assistance are supported by AXA Global Healthcare (UK) Limited on behalf of the Insurer.

**1. Policy details****Customer's details**

Customer name

Customer number

Policy number

Claim number

Is the patient entitled to Medicare Benefits in Australia?

Does the patient hold Private Health Insurance?

What is the patient's nationality?

Has the patient been continually living overseas for the past five (5) years?

**Patient's details**

Patient name

Date of birth (DD/MM/YYYY)

Patient phone

Patient email

 Yes  No Yes  No Yes  No**2. Information about your claim****To be completed by the patient**

Sometimes, we can recover the money we pay for treatment if it's as a result of an accident or bodily injury and someone else is at fault. Answering these questions will help us decide if this is an option for us. This will not affect the outcome of any claim on your nib Expatriate Health Insurance policy.

Is the treatment as a result of a bodily injury caused by an accident?

 Yes  No

If yes, do you feel that someone else was at fault and caused the accident or bodily injury?

 Yes  No

Do you have any other insurance policy that could also cover your costs (e.g. a travel policy)?

 Yes  No

### 3. Payment details

This section only needs to be completed if you've already paid the hospital or medical practitioner for your treatment.

Please complete this section with your bank account details and send us the receipts. We'll reimburse you by cheque or Electronic Funds Transfer directly to your bank account.

- We can't reimburse to credit or debit cards so please don't list any card numbers on this form.
- If you would like to be paid in Euros, please make sure you include the IBAN and Swift codes.

Currency for claim to be paid in

Bank account number

Bank name and address

IBAN (if applicable)

Swift or BIC (if applicable)

Payee name

BSB (if applicable)

Bank account name

Country (if applicable)

#### Proof of payment

Please attach all invoices or receipts and/or proof that you have paid for the treatment as well as any medical certificates, correspondence or documents relevant to the claim. To avoid any delays with your claim please make sure you list:

- The dates of the treatment
- The type of treatment
- The invoice value and let us know whether you have already paid any of these.

#### Paying the hospital directly

If you haven't yet paid for this treatment, it may be possible for us to pay the hospital directly. Please call us before you have your treatment on +61 2 4047 0965 to arrange this.

### 4. About your treatment

To be completed by the patient's medical practitioner.

Patient name

Date of birth (DD/MM/YYYY)

How long has the patient been known to you?

Patient phone

Are you the patient's usual primary care physician?  Yes  No

#### Medical details

Medical condition/diagnosis

Description of symptoms

4. About your treatment (continued)

How long have symptoms existed prior to consulting you?

When did the symptoms first start? (DD/MM/YYYY)

Given the cause of the condition, how long do you think the condition has been present?

If there are no symptoms, what prompted the patient to see you?

Date of first treatment or consultation with any provider (DD/MM/YYYY)

Date of treatment with you (DD/MM/YYYY)

Type of investigation required to confirm diagnosis. Please attach the reports.

Further treatment plan (if applicable)

Was the patient referred to you by another medical practitioner?

Yes  No – If yes, please provide name and contact details of the referring medical practitioner

Is the claim related to or as a result of any previous surgery or treatment?

Yes  No – If yes, please detail, including dates

Does the patient have any associated or related medical conditions?

Yes  No – If yes, please state and explain the relation and date of diagnosis

Does the patient suffer from any other medical condition(s)?

Yes  No – If yes, please list the medical condition(s) and the date of diagnosis

Has the patient received any previous treatment for the condition or associated conditions/symptoms?

Yes  No – If yes, please detail

Date of treatment (DD/MM/YYYY)

Medical condition/treatment

Provider name

**4. About your treatment (continued)**

Is the patient taking any medication for this condition?

Yes  No – If yes, name of medication and date of starting medication

If the claim relates to pregnancy, is the pregnancy a result of natural conception?  Yes  No

If the claim relates to pregnancy, is this the patient's first pregnancy?

Yes  No – If no, please detail any previous complications of pregnancy

**Medical practitioner declaration**

I am the patient's medical practitioner and confirm that the information I have provided is correct to the best of my knowledge. I understand that, if any of the information is incorrect, this may affect my patient's claim for private healthcare expenses.

Signature

Print name

Date (DD/MM/YYYY)

Email address

Contact number

Practice stamp

**5. Privacy notice and patient's medical authority and consent**

**Privacy notice**

nib Global Pty Limited are committed to protecting your privacy in accordance with relevant Privacy laws and regulations. This notice will explain how we (in this notice "we", "our" and "us" includes nib Global Pty Limited, AXA Global Healthcare (UK) Limited, certain underwriters at Lloyd's and Catlin Australia Pty Ltd) collect, use and protect your personal data. We will also explain what rights you have with regards to your personal data and how you can exercise those rights.

Please make sure that everyone covered by this insurance policy reads this notice and the full Privacy Policy on our website <https://www.nib.com.au/docs/privacy-policy>.

We collect personal data and in some cases special category data including health related information about you and the family members who are covered by your policy from you, those family members, your healthcare providers, your employer (if you are on a company scheme), your insurance broker if you have one and third party suppliers of information, such as credit reference agencies.

We process your information for the performance of a contract between you and us and do so mainly for managing your membership and claims, including investigating fraud. We also have a legal obligation to do things such as report suspected crime to law enforcement agencies. We also do some processing because it helps us run our business, such as research, finding out more about you, statistical analysis for example to help us decide on premiums and marketing.

We may disclose your information to other people or organisations located in Australia and the UK to assist us with managing your insurance with us or where we have your consent for marketing purposes.

## 5. Privacy notice and patient's medical authority and consent (continued)

For example we'll do this to:

- manage your claims, e.g. to deal with your doctors;
- manage your policy with your insurance broker
- help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies; and
- allow AXA companies in the UK to contact you if you have agreed.

We want to reassure you we never sell personal member information to third parties. We will only use your information in ways we are allowed to by law, which includes only collecting as much information as we need. We will get your consent to process information such as your medical information when it's necessary to do so.

Where our using your information relies on your consent you can withdraw your consent, but if you do we may not be able to process your claims or manage your policy properly.

In some cases you have the right to ask us to stop processing your information or tell us that you don't want to receive certain information from us, such as marketing communications. You can also ask us for a copy of information we hold about you and ask us to correct information that is wrong.

We will retain your personal and special category data collected for the purpose of arranging and managing your insurance policy with us for a minimum of 6 years under relevant tax laws. Your information we use for marketing purposes will be kept until you notify us that you no longer wish to receive this information.

If you want to ask to exercise any of your rights you can contact the nib Group Privacy Officer at:

The Group Privacy Officer nib holdings Limited 22 Honeysuckle Drive Newcastle NSW 2300 AUSTRALIA

Phone: 13 14 63 (within Australia) +61 2 4914 1100 (outside Australia) Or via email [privacyofficer@nib.com.au](mailto:privacyofficer@nib.com.au)

Or the AXA Data Protection Officer at the following:

The Data Protection Officer AXA Global Healthcare (UK) Limited International House, Forest Road, Tunbridge Wells, TN2 5FE England

Or the Catlin Privacy Officer at the following:

The Privacy Officer Catlin Australia Pty Ltd Level 28, 123 Pitt Street Sydney NSW 2000 Australia Or via email [PrivacyAustralia@axaxl.com](mailto:PrivacyAustralia@axaxl.com)

### Medical authority and declaration

I understand that by investigating my claim or by accepting proofs of my claim, nib has made no acceptance of liability, nor waived any of its rights in defense of any claim arising under the policy.

I agree to nib using and disclosing my personal information pursuant to nib's Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to nib's privacy officer.

I authorise any person or entity, including but not limited to the parties referred to above, to provide nib such personal information (including health information) as nib in its absolute discretion considers to be relevant for its assessment of my claim, provision of services and assistance to me in connection with the cover under my policy, or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and co-operation to nib in the assessment of my claim. I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim, or the provision of services and assistance to me in connection with my policy.

I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I appoint nib and its service providers including Cerberus and AXA to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

I declare that I am the patient.

Yes  No

Is the patient under 16 years of age?

Yes  No

a) If yes, I declare that I am the patient's parent.

Yes  No

b) If yes, I declare that I am the patient's guardian.

Yes  No

I wish to see any report from the medical practitioner before it is sent to you.

Yes  No

Signature of patient (or parent/guardian if the patient is under 16)

Date (DD/MM/YYYY)



## 6. About us

This insurance is underwritten by certain underwriters at Lloyds (Insurer) and is issued by Cerberus Special Risks Pty Limited ABN 81 115 932 173 AFSL 308461 (Cerberus) as an underwriting agent for the Insurer.

nib Global Pty Ltd ABN 77 102 599 619 AR 1244248 (nib) is an authorised representative of Cerberus.

### Need Help?

Call us on **1800 941 012** or **+ 61 2 4047 0965** (outside Australia)

24 hours, 7 days a week

Email: [nibexpatclaims@nib.com.au](mailto:nibexpatclaims@nib.com.au)

Online Claims Portal: [www.nib.com.au/expathealth/claims](http://www.nib.com.au/expathealth/claims)