Claim Form

The quickest way to complete your claim is to log into Online Services. In a few easy steps you can upload a photo of your receipt. Go to **austhealth.com**

Step 1 Complete your policy details

Policy number

Your family name

Your first name

Your current postal address

State Postcode Daytime phone number

Step 2 Complete the details of your claim

I am claiming medical services (e.g. Hospital, Doctor and Specialist fees)

Date of admission	Date of discharge	Name of the provider	Is this related to compensation?	Is this the result of an accident?	Is this account paid in full?
			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

I am claiming everyday Extras (e.g. General Dental, Optical, Physiotherapy, Prescriptions)

Date of service	Type of service	Name of the provider	Patient name	Is this the result of an accident?	Is this account paid in full?
				Yes ☐ No ☐	Yes ☐ No ☐
				Yes ☐ No ☐	Yes ☐ No ☐
				Yes ☐ No ☐	Yes ☐ No ☐
				Yes ☐ No ☐	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

Expiry date

Step 3 How do you want IMAN to pay your claim?

☐ Please credit my direct credit account (if you have authorised IMAN to credit your account using a Direct Debit Request & Claims Benefit 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 IMAN 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 (on behalf of IMAN Australian Health Plans Pty Ltd ABN 34 144 907 746).

Step 4 Please answer the below questions

1. Is any part of your IMAN health premium either reimbursed or directly paid for by your Sponsor/Employer? Yes ☐ No ☐
   If you answered Yes to question 1 above please skip question 2.
2. Do you have an Australian Business Number (ABN), and are you registered for Goods and Services Tax (GST)? Yes ☐ No ☐
   If yes, please supply your ABN

Step 5 Read the following important information and sign this form

By signing this form, I declare that all information I have provided to IMAN, including all information in this form, is true and correct. I authorise IMAN to use this information and any other information I have previously given IMAN to assess and process my claim(s). I consent to IMAN 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 IMAN to use this information for other purposes related to this claim as outlined in the IMAN Privacy Policy.

I confirm these services have not been claimed as Point of Service such as 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.

Your Signature (or your authorised partner)

Date

/ /

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. (IMAN does not pay claims made two years or more after the services were received)
- ☐ I am claiming services from an IMAN recognised provider. (IMAN does not pay claims for the services of providers who are not recognised by IMAN)
- ☐ I have indicated where applicable that the claim is related to worker's compensation.

To submit your form

To submit your completed form

Mail: IMAN Australian Health Plans
Reply Paid 62208, Locked Bag 2010 Newcastle NSW 2300

Online: austhealth.com

If you have any questions call the Customer Care Centre

Mon to Fri 8.30am – 6.00pm (AEDT)
Call: 1800 22 11 33 **From OS:** +61 2 4914 1131