



# 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 [nib.com.au/login](http://nib.com.au/login)

## 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 nib to pay your claim?

Please credit my direct credit account (if you have authorised nib 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 Nib 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

## Step 4 Please answer the below questions

1. Is any part of your nib 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 nib, including all information in this form, is true and 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 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. (nib does not pay claims made two years or more after the services were received)
- I am claiming services from an nib recognised provider. (nib does not pay claims for the services of providers who are not recognised by nib)
- I have indicated where applicable that the claim is related to worker's compensation.

## To submit your form

Complete your form and submit in one of the following ways:



Log into Online Services at  
[nib.com.au/login](http://nib.com.au/login)



Mail  
nib  
Reply Paid 62208  
Locked Bag 2010  
Newcastle NSW 2300

**If you have questions call the Customer Contact Centre:**

Monday to Friday 8.30am – 6.00pm (AEDT)



Call 1800 705 204



From overseas +61 2 4914 1146