

# nib CLAIM FORM

## STEP 1 Complete your policy details

Your customer number

Your family name \_\_\_\_\_ Your first name \_\_\_\_\_

Your current postal address (this is the address nib will send any correspondence to do with this claim)

\_\_\_\_\_  
\_\_\_\_\_  
Daytime phone number \_\_\_\_\_

## STEP 2 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 <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 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 <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"/> |

## STEP 3 How do you want nib to pay your claim?

- 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)
- please credit my direct credit account (if you have authorised nib to credit your account using a Direct Credit Authority Form)

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.

## STEP 4 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 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

# 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.  
(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 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 worker's compensation.

## QUICK CLAIM

### It's as easy as taking a photo of your receipt

Download the nib app or log on to nib Online Services at [nib.com.au](https://nib.com.au) and claim on Extras by uploading a photo of your official provider receipt.

If you have paid the account claims will be paid directly into your nominated bank account within 2-4 days of being processed.

### Other ways to claim

- Claim on the spot using with your nib Card
- Take your official provider receipt to an nib Retail Centre. To find an nib Retail Centre visit [nib.com.au](https://nib.com.au)
- Download a claim form from [nib.com.au](https://nib.com.au) and post your claim and official provider receipt to: nib health funds limited, Locked bag 2010, Newcastle NSW 2300

### Privacy

nib health funds limited (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 policyholder, we ask the policyholder 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](https://nib.com.au)

### Need help completing this form?

Call the nib Customer Care Centre on **13 14 63** or visit [nib.com.au](https://nib.com.au)