

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.

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

Need help?



Call: **13 14 63**



Email: nib@nib.com.au

Please submit your completed form via



Mail: **Reply Paid 62208, Locked Bag 2010,
Newcastle NSW 2300**

Claim online or via the app



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