

## How to use this form

Once all sections of the form are complete and signed, return all pages to GMHBA with all relevant documentation.

**Post:** PO Box 761 Geelong, Victoria 3220

## Claiming in-patient medical services

When you go to hospital, GMHBA can only pay medical benefits for treatments payable by Medicare. This means that before we can process your claim, Medicare need to complete their part first.

### If you haven't submitted a Medicare claim

Submit a claim to Medicare and attach a Two-way claim form. For more information, visit [www.servicesaustralia.gov.au/medicare-two-way](http://www.servicesaustralia.gov.au/medicare-two-way)

## If you have already claimed with Medicare

- Complete all sections of this form, including declaration overleaf
- Include a Medicare Statement of Benefit
- Ensure your bank details are up to date with GMHBA

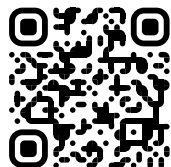
## Claiming extras

Use this form to claim eligible benefits for ancillary treatments and services. If you have already paid the account in full, most extras services can be claimed in your online member area. This is the fastest way to receive your benefits when claiming manually and benefits will be paid directly into your nominated bank account.

Visit [www.gmhba.com.au/memberarea](http://www.gmhba.com.au/memberarea)

Alternatively, you can submit your claim through the GMHBA app.

Scan to download the GMHBA app



## Extras checklist

- I have included a copy of the itemised receipt or unpaid invoice
- Any additional information that is required to claim this service has been provided
- My bank details are up to date with GMHBA
- I have completed all sections of this form, including declaration and acknowledgment overleaf
- I can confirm that I am claiming for a service that occurred within the last two years
- My membership was active on the day the treatment or service occurred

Member details		Member number	
First name		Last name	
Address			
Suburb		State	Postcode
Phone number		Patient date of birth	

continued overleaf

## Declaration and acknowledgment

By submitting this claim I agree to the following:

1. I consent to the collection, use and disclosure of my personal information including sensitive and health information, in relation to this claim, in accordance with GMHBA Health Insurance Privacy Statement and our privacy policy which is available at [gmhba.com.au](http://gmhba.com.au) or on request by contacting us. GMHBA Limited (GMHBA) complies with the Privacy Act 1988 (Cth) to ensure your personal information, sensitive information including health information, is protected.
2. I confirm that I have read and agree to GMHBA's [Fund Rules](#) and [Important Information Guide](#).
3. I am liable for the expenses relating to this claim.
4. I agree to send my receipts to GMHBA, retain them for up to two years and supply them upon request. GMHBA undertakes audit activities to protect member assets and contain costs. From time to time, in the general interest of our members, a GMHBA representative may contact you with a request relating to benefits paid or charged raised by health care providers.
5. I am liable to GMHBA for unpaid premiums and for overpayments of benefits paid in error, oversight or otherwise not entitled. Overpayments can be made by GMHBA either through an error in completing a claim, or an error in processing a claim. If an overpayment is made, I agree I am liable to repay the amount of the overpayment to GMHBA on demand. For further information on GMHBA's auditing practices, please review our [Fund Rules](#).
6. I authorise GMHBA to contact the provider of any professional service for clarification of any details provided in this claim.
7. The expenses detailed in this claim are not, and will not, be subject to compensation from any other source including Work Cover, TAC, Third Party Repatriation or claim for damages.
8. The services were not for the purpose of health screening, superannuation entry or a health examination requested by an employer.
9. I acknowledge that, where practical, information has been provided with the consent of the individual to whom it relates.
10. All information I have supplied in relation to this claim is true and correct.

Signature

Date

**Please send your completed form and itemised receipt or unpaid invoice to:**

PO Box 761 Geelong, Victoria 3220