Health Management Declaration Claim Form

Under the Private Health Insurance Act 2007, Westfund is unable to pay General Treatment Benefits in relation to goods and services which are primarily for the purposes of sport, recreation or entertainment. No benefits are payable for Health Programs where;
- The membership/class is not required for treatment of a specific condition or part of a Health Management Program
- The provider does not fulfil the recognised provider requirements;
- The Health Management Program has not been referred by a Medicare Registered Practitioner.

Health Aids & Appliances must be provided within Australia to be eligible to be claimed. Health Aids & Appliances listed are not available on all Westfund products. Please refer to your Policy Summary for a list of eligible Health Aids & Appliances.

Please attach all unaltered accounts/receipts. In the case of photocopies, faxed or emailed accounts/receipts original documents must be retained by you, the member, for a minimum of 24 months from the date the claim is made as Westfund may request to sight the original document during this time. Claim must be made within two years of date of service to be eligible for benefit. Please ensure all sections of this form have been completed before submitting the claim.

Claiming options:

- Email to claims@westfund.com.au
- Post to:
Westfund Head Office
PO Box 235, Lithgow NSW 2790
- Or claim using our app

Section A : Patient Details - to be completed by Member

Member

Member Number: _____

Member's Full Name: _____

Member's Address: _____

_____ Postcode:_____

Contact Phone: ( ) _____ Email:_____

Patient's Full Name: _____Patient's D.O.B.:_____

Claim Information

This section does not need to be completed when claiming a Health Aid or Appliance.

Health Program Provider	Address	Date of Service	Account Paid? Y/N

See below for list of approved Health Program Provider Associations
~ Fitness Australia for Fitness Centre/Gym
~ ASCTA/Swim Australia, AUSTSWIM or Australia Swim School Association/Fitness Australia for Aquatic Programs
~ The National Hypnotherapists Register of Australia, the Professional Hypnotherapists of Australia or The Australian Hypnotherapy Association for Hypnotherapists
Please call Westfund on 1300 937 838 to check eligibility of your Health Program Provider.

Your benefit will be paid directly to your nominated bank account. To review or update your nominated bank account, please call Member Services on **1300 937 838** or login to your Member Online Area (westfund.com.au). If there is no bank account, a cheque will be sent to the Primary Member.

Signature and Declaration

I understand that Extras benefits cannot be claimed from Westfund that have been, or will be, claimed from Medicare (unless permitted by law).

Is any part of this claim, the result of an accident, illness, injury condition or other incident for which there exists in the opinion of Westfund, a right to claim compensation from a third party or authority at law or under any insurance or scheme of arrangement or for which the member has personally received a payment or consideration in settlement of a claim for compensation or damages however the settlement is described?

If yes, provide the date of event_____/_____/_____

I declare that this claim is for treatment or services received by myself and/or dependants. All details and answers in this form and all attached documents are true and correct. I authorise my medical practitioner, or health services provider, to provide Westfund with any details of medical treatment, hospitalisation, injury, disease, ailment or diagnosis about me or my dependants necessary to assess my entitlements. I have read and understood Westfund's Privacy Policy as referenced.

Member's Signature: _____ Date: _____

Westfund Head Office 59 Read Ave, Lithgow NSW 2790. PO Box 235, Lithgow NSW 2790. Phone: 1300 937 838 Email enquiries@westfund.com.au

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Section B: Referring Provider Details - must be completed by a Medicare Registered Practitioner

This Section cannot be completed by spouse/partner, dependant or business partner of the patient.

Profession (please mark a cross where appropriate):

- ☐ General Practitioner (GP)
- ☐ Medical Specialist
- ☐ Podiatrist
- ☐ Physiotherapist
- ☐ Psychologist
- ☐ Osteopath
- ☐ Chiropractor
- ☐ Occupational Therapist
- ☐ Exercise Physiologist
- ☐ Dietician

Patient Name: _____ Provider Name: _____

Provider Number: _____ Contact Phone Number: _____

Health Condition:

Date of initial attendance for health condition _____/_____/_____

- ☐ Asthma
- ☐ Diabetes
- ☐ Mental Health Condition
- ☐ Musculoskeletal (orthopaedic) Condition
- ☐ Osteoporosis
- ☐ Obesity
- ☐ Cardiac Risk Factors (high blood pressure/cholesterol)
- ☐ Arthritis
- ☐ Rehabilitation
- ☐ Other (please specify)_____

Health Program recommended:

This recommendation is valid for the _____calendar year (12 month period).

Select all that apply (please note: claims cannot be made more than two years after the date of service):

- ☐ Fitness Centre/Gym
- ☐ Aquatic Program
- ☐ Name of Weight Loss Program (incl. Virtual Gastric Banding) _____

Health Aid or Appliance recommended:

Please note: Claims cannot be made more than two years after the date of service.

Select all that apply:

- ☐ This recommendation is valid for the _____calendar year (12 month period)
- ☐ Braces
- ☐ Burns Suit
- ☐ Custom made Orthopaedic Boot
- ☐ Custom made / preformed Orthotics
- ☐ Low Vision Aids
- ☐ Mobility Aids
- ☐ Lifetime
- ☐ Mammary Prostheses & Brassieres
- ☐ Artificial Limbs
- ☐ Wigs
- ☐ Devices for Sleep Apnoea and Diagnosed Snoring
- ☐ Oxygen and Accessories
- ☐ Oximeter
- ☐ Tens Machine
- ☐ INR Monitor
- ☐ Repair to Devices - Name of Device _____
- ☐ Respiratory Aids
- ☐ Compression Garments

I acknowledge my recommendation of the above service(s) to the above patient is valid for the applicable period and forms part of the health management program or is a Health Aid or Appliance intended to improve the specified health condition of the patient.

Provider's Signature: _____ Date: _____

Privacy Statement

Westfund Ltd collects and uses your personal information such as your name, address, telephone and other contact details in order to answer your query or to provide our services to you. Westfund also collects sensitive information about you, such as your health information, in order to provide quotations for membership, to establish and maintain your policy and to provide health services to you. Unless it is unreasonable or impractical to do so, Westfund will collect your personal information from you. If you provide Westfund with the personal information of another person (such as about your family member), then you should make them aware of the matters contained in this notice. Not collecting your personal information would mean that Westfund would be unable to provide you with its services, taking into account matters such as government rebate entitlements, dependants, benefit entitlements and the settlement of your claims. Westfund may disclose your personal information to other entities. However, your personal information will only be disclosed to third parties where you would reasonably expect Westfund to in order to provide you with the services associated with your membership. This may include parties transacting business on behalf of Westfund and supporting Westfund's systems and services. Your personal information, including health information, may also be used if you access health services through Westfund's health, dental and optical divisions or to notify you of new products or promotions, or where Westfund develops programs or initiatives to assist with health and wellbeing services. Some organisations to which we disclose personal information may be outside Australia. We will not disclose your personal information to an overseas recipient without taking such steps as are reasonable in the circumstances to ensure that the overseas recipient will not breach the Australian Principles set out in the Privacy Act 1988 (Cth). Westfund's Privacy Policy contains information about how you may access and seek correction of your personal information held by Westfund, and how you may make a complaint in relation to information privacy. Westfund's Privacy Policy is available at our website **www.westfund.com.au** and at any of Westfund's Care Centres. Further details can be obtained by contacting Westfund's Privacy Officer at privacy@westfund.com.au

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