Claim form

Claim form checklist

- [ ] I have provided my membership number.
- [ ] I have signed the declaration.
- [ ] I have attached the receipts to support my claim.
- [ ] If I am claiming for orthodontics, I have included a copy of my treatment plan (this is only required the first time you claim).
- [ ] If I am claiming for hospital services where I have already claimed from Medicare, I have attached Medicare statement of benefits.
- [ ] If I am claiming benefits under School Accident Benefit, I have attached the school incident report in support of my claim.

In order to process certain types of extras claims, we need some more information. So, where you have sufficient cover, and you want to make a claim for health aids, gym memberships or home nursing, you will need to complete a different claim form. You can get this information our website under managing your membership and then looking for forms.

What you need to know when claiming

Receipts must be original and include the following:

- Service provider's/supplier's full details on official stationery
- Full name and address of the recipient of the services
- Item number(s) and or description(s) of the services
- Cost of each service
- Date of each service
- Amount paid and balance owing.

Claims must be made within two years of the date of service.

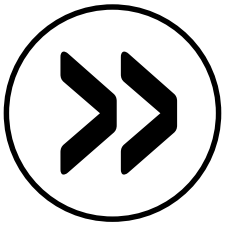
Claim payments

If you have paid for your claim, we'll pay your claim into your nominated bank account. If you need to set up direct credit for claim payments for the first time or changed your bank account please log into the member service portal on our website. If you havent paid the claim we will send you a cheque to give to the provider. Ask your provider if they participate in on-the-spot claiming and have your claims paid instantly!

RT Health is a division of the Hospitals Contribution fund of Australia Limited (ACN 000 026 746).

RT HEALTH

I would like to make a claim



Your details

RT membership number

Given names

Family name

Date of birth (dd/mm/yy)

Preferred contact number

Email address

Would you like us to update our system with these details? ☐ Yes ☐ No

What would you like to claim?

Date of purchase, service or treatment	Given name of the person who received the product, service or treatment	Name of the healthcare practitioner who provided the product, service or treatment	Has this account already been paid in full?	
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No

Declaration

I declare that all information on this form is true and correct. All products, services or treatments were received by the person named, and administered by the practitioner named. I authorise RT Health (or its agent) to obtain information from the practitioner about any products, services or treatments claimed, or (in the case of new RT members) to contact my previous health fund.

Is the condition for which benefits are being claimed one for which the patient has, or at any time had, a right to claim damages/benefits from any other source, for example third party, workers compensation, repatriation, persons liable at law or school accident insurance?

☐ No ☐ Yes. If yes, please attach details.

Name of main member or authorised person

Signature

Date

Send your completed form to us by:

Emailing to help@rthealthfund.com.au

Mailing to PO Box 545 Strawberry Hills NSW 2012

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