

Ways to claim with GMHBA

Online (extras only)

Claiming online is easy, just visit GMHBA's online member services area at gmhba.com.au/membercentre within two months of your date of service. Simply follow the link to 'claiming' and complete your extras[^] claim and then your benefit will be paid by direct credit into your bank, credit union or building society within 48* hours.

On the spot (electronically)

To claim, simply swipe your GMHBA member card at the point of service. Your benefit will be automatically deducted from the provider fee so you only pay the difference between the provider fee and the GMHBA Health Insurance benefit. Some providers do not have this facility, so please contact them prior to visiting GMHBA to confirm.

By mail

Simply complete this claim form then post it to GMHBA (see address details below). Your claim, once received and processed, will be paid by direct credit into your bank, credit union or building society. Alternatively, a cheque will be made payable to the member and sent to their nominated address.

With Medicare

Lodge your medical claim at a Medicare office. Medicare will then process and send on to GMHBA Health Insurance for processing. Your claim, once received and processed, will be paid by direct credit into your bank, credit union or building society if you have already paid. Alternatively, a cheque will be mailed out to you to send onto your provider.

[^] Extras include acupuncture, some alternative therapies, chiropractor, dental, remedial massage, optical, physiotherapy and podiatry.

* Benefits are payable within 48 hours where bank details are supplied for a direct deposit into a nominated account unless there are problems pertaining to financial institutions or technological difficulties. Alternatively, a cheque will be made payable to the member and sent to their nominated address. Please note: you must keep your claim receipts for two years as GMHBA Health Insurance may request these at any time for auditing purposes.

If your claim is for a service that is not listed, complete this claim form and post it to GMHBA (see back for postal address).

Important information

1. You do not need to complete a claim form if the claim is lodged online by the member or presented at a GMHBA branch by the member (paid accounts only).
2. A claim form must be completed for all claims lodged by mail or for claims made by authorised agents on behalf of the member.
3. Claims must be accompanied by an itemised account/s and, if the account has been paid, by the receipts.
4. Claims must be made within two years of the date of service or treatment.
5. GMHBA's benefits are provided in accordance with the terms and conditions set out in GMHBA's By-Laws. GMHBA's member guide provides a summary of the main benefits and conditions or members are encouraged to read GMHBA's By-Laws, a copy of which can be viewed at any GMHBA branch.
6. You will be required to provide additional documentation with claims for the services/items listed below.
 - A doctor's letter of recommendation is required to be lodged with claims for the following items/services - blood glucose monitor, extremity pump, nebuliser pump, appliances, sleep apnoea monitor, pressure garments, children's swimming lessons, GMHBA approved orthopaedic appliances, oxygen, medical aids, home and domestic nursing aids, defined accommodation (respite) and nicotine replacement therapy patches.
 - An "Orthodontic Treatment Plan Certificate", completed by the treating orthodontist/dentist, is required with claims for orthodontic treatment. You can obtain an "Orthodontic Certificate" from any GMHBA branch or by contacting our Customer Service Centre on 1300 446 422.
7. Benefits for unpaid accounts will be paid by cheque made payable to the health care provider or directly deposited to the provider's account.
8. Benefits for paid accounts will be paid:
 - In cash at any GMHBA branch for claims less than \$500, when claimed in person, or by an authorised agent or spouse (if spouse authority given).
 - By cheque, made payable to the member for larger claims, and mail claims.
 - By direct crediting into your bank account on request. This option is only available if your direct credit account details are held by GMHBA and your claim is for paid accounts.

Claim Form



GMHBA Limited

gmhba.com.au

Suite 9, Level 1

10 Moorabool Street, Geelong, Vic 3220

PO Box 761, Geelong, Vic 3220

Call 1300 446 422 Fax 03 5221 4582

Email service@gmhba.com.au ABN 98 004 417 092



Section 1: Members details

Member number	Date	/	/
Member name	Phone		
Address			
Suburb/city	State	Postcode	
Is this your permanent mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2: Claim Details

Is this claim resulting from an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
If eligible, would you like to use any available Connect Rewards for this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No

Patient’s first name	D.O.B.	Provider of service	Account paid
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No
5			<input type="checkbox"/> Yes <input type="checkbox"/> No
6			<input type="checkbox"/> Yes <input type="checkbox"/> No
7			<input type="checkbox"/> Yes <input type="checkbox"/> No
8			<input type="checkbox"/> Yes <input type="checkbox"/> No
9			<input type="checkbox"/> Yes <input type="checkbox"/> No
10			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Medical services rendered in hospital

For inpatient medical claims, the hospitalisation was from	/	/	to	/	/
at				Hospital.	

Section 4: Adding a newborn child

Name			
D.O.B.	/	/	<input type="checkbox"/> Male <input type="checkbox"/> Female

Section 5: Electronic Funds Transfer (EFT) details

Would you like your claim to be deposited directly into a bank account via EFT? <input type="checkbox"/> Yes <input type="checkbox"/> No
(This option is only available if your direct credit account details are held by GMHBA and your claim is for paid accounts).

Section 6: Agents authority

Complete this section if you would like another person to collect benefit entitlements on your behalf. Please ensure you and your agent have signed below prior to lodging the claim.

Agent’s signature	Member’s signature
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Member’s acknowledgement and declaration

Liabilities of contributors to GMHBA
A contributor can be liable to GMHBA for unpaid premiums and for overpayments. Overpayments can be made by GMHBA to a contributor, either through an error in completing a claim, or an error in processing a claim. If an overpayment is made, the contributor is liable to repay the amount of the overpayment to GMHBA on demand.

If a contributor is liable to GMHBA for unpaid premiums or overpayments then GMHBA has the right to deduct the amount of that liability from any monies due by GMHBA to the contributor on any account.

Damages and Compensation Statement
Where you or your dependants have a right to claim damages or compensation from any other person or body, you are required to pursue that entitlement prior to lodging a claim for benefits with GMHBA. A claim should only be lodged with GMHBA if action at law is unsuccessful. A letter of denial is required. This includes WorkCare, TAC, Public Liability and Third Party Claims.

Privacy Disclosure Statement
GMHBA Limited (GMHBA) complies with the Privacy Act 1988 (Cth) to ensure that your personal (including sensitive) information (Information) is protected. GMHBA collects, uses and discloses your Information in accordance with our GMHBA Health Insurance Privacy Statement and our Privacy Policy which is available at www.gmhba.com.au or on request by calling us on 1300 446 422 or picking up a copy at one of our branches.

Audits
GMHBA undertakes audit activities in order to protect members’ assets and contain costs. From time to time, in the general interest of members, a GMHBA representative may contact you with a request for assistance to monitor costs - whether relating to benefits paid or charges raised by health care providers. Your co-operation with such requests is critical to our cost containment efforts, and will be treated in a completely confidential manner.

Declaration by member
I hereby claim benefits for the professional services to which this claim relates and I declare that:

1. I have paid or am liable to pay the expenses in this claim.
2. There is no entitlement to claim compensation or damages from any other source including Workcare, Third Party, Repatriation or claim for damages.
3. The services were not for the purpose of health screening, superannuation entry or a health examination requested by an employer.
4. I have read and understood, and have made the other people on this membership aware of, the Privacy Disclosure Statement. I acknowledge that, where practicable, information is provided with the consent of the individual to whom it relates and I confirm that I have the authority to act on behalf of the persons named on this membership.
5. The information supplied is true and correct.
6. I authorise GMHBA to contact the provider of any professional service for clarification of any details in this claim.

Member's signature		
Date	/	/

Branch use only
Received by <input type="checkbox"/> Cash <input type="checkbox"/> Direct debit <input type="checkbox"/> Cheque
Cheque number