How to claim using this form

Enclose this fully completed Claim Form plus receipts relating to the services being claimed.

Send to: RT Health, PO BOX 545 Strawberry Hills, NSW, 2012 or email to help@rthealth.com.au

Claim form

Claim form checklist

- [ ] I have provided my membership number.
- [ ] I have signed the declaration.
- [ ] I have attached relevant receipts.
- [ ] If I am claiming for an artificial aid or appliance, I have attached a letter from my health care practitioner in support of my claim. (Please call 1300 886 123 for details of what to supply to claim for a prescribed aid or appliance).
- [ ] If I am claiming for hospital services where I have already claimed from Medicare, I have attached my 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.

For us 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 travel/accommodation or gym/exercise regimes, you will need to complete a different claim form. You can get this information at rthealth.com.au or by calling 1300 886 123.

What you need to know when claiming

Receipts must 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. If you're claiming for pharmacy, benefits will only be payable where the services have been fully paid by the member. RT Health reserves its right to recover benefits paid by the fund where the cost of treatment is compensated for and or reimbursed by a third party. This includes awards of damages, workers compensation and other insurance payments.

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 details make sure you fill in section 3 of this form.
If your healthcare provider gives you an unpaid invoice we'll pay the benefits into the Policyholder's nominated bank account and they'll be responsible for making sure your health service provider is paid.

SECTION 1 | Your personal details

RT Health membership number

Given names

Family name

Date of birth (dd/mm/yy)

Phone - home

Mobile

Email address

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

SECTION 2 | Patient and service details (Please use capital letters and a black pen)

Date of service	First name of the person/s who received the service	Date of birth	Who provided the service?	Were any of the services received when in hospital?

Is any part of this claim related to an accident or incident that may give rise to any form of compensation, damages or payment such as: motor vehicle accident, work related incident, personal injury, sports injury or other?

☐ Yes If 'yes', provide the date of the event ____ and attach brief details on a separate sheet.

SECTION 3 | Change of direct credit payment details

Only complete this section if your account details have changed or you are setting up direct credit for the first time. Leave blank if your payment details haven't changed.

Account holder name

BSB No.

Account No.

SECTION 4 | Declaration

I declare all information provided in support of this claim is true and complete and that all persons covered by the policy whose personal (including sensitive) information is being disclosed to RT Health have been made aware of the RT Health Privacy Policy. I understand that extras benefits cannot be claimed from RT Health that have been, or will be, claimed from Medicare (unless permitted by law). I declare that the patient was not aware of any symptom related to the condition for which benefits are claimed, during the 6 months before joining RT Health or transferring to the current level of cover, or if they were aware of any such symptom they have served any applicable waiting periods. I acknowledge that RT Health deals with personal information of all members in accordance with its privacy policy. I authorise, and have the consent of the patient, where necessary, to authorise RT Health to contact the provider(s) and to access any information including health information needed to verify this claim. How RT Health collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by RT Health is explained in the RT Health privacy policy. For a copy of this policy, call our member services team on 1300 886 123 or go to rthealth.com.au

Principal Member or Authorised persons name

Principal Member or Authorised persons signature

Date