

# How to make a claim after treatment

When you're submitting a claim, you're asking for payment of a procedure or medical treatment that has already occurred. You must make a claim within 12 months of the date of the event. We may decline any claim we receive outside this 12-month claim period.

We'll pay up to the reasonable and customary charges for any necessary medical procedure or treatment that's covered by a benefit as outlined in your policy, up to the specified benefit limit. You can only claim for events that occur after the relevant health insurance cover has started.



## Collect a claim form

If you haven't got pre-approval, you'll need to complete a claim form. Find our claim form on our website, in the online member portal, or we can post or email a copy to you. The main member must sign this form, and so must the patient if they are over 16 years of age.



## Collect invoices and receipts

Include all invoices with your claim as well as any receipts if you've already paid for the procedure or medical treatment. We need to receive these within 12 months of the event date. We may decline any invoices that we receive outside this 12-month claim period because we're disadvantaged by the delay.



## Provide medical evidence

You and all participants on your policy must give us all the information we reasonably need to assess your pre-approval or claim. We're entitled to request information from the pre-approval process, up to and following a claim being made.

You'll need to provide some medical evidence for why you need the procedure or medical treatment so that we can make sure that it is covered under your policy. This medical evidence could be either a copy of the GP referral letter or a letter from the specialist that confirms why the treatment is required.

You may also need to ask the GP who holds the patient's medical history to complete Accuro's Medical report.

Please see the 'Why do you need to provide medical evidence' section on page 25 for further information.

We recommend that you read your membership certificate, including any exclusions listed on it, as well as the 'What's not covered' section on pages 19 to 21 to make sure that the procedure or medical treatment is covered under your policy. If you're unsure, you can apply for pre-approval beforehand, which confirms whether the procedure or medical treatment will be covered.



## Submit your claim

You can submit your claim by post or email, or through the online member portal. Your member portal also allows you to start a claim and save it, so you can add invoices as you receive them and submit it all together when you have all the information.

We may need to contact you or your health service providers to request additional details so that we assess your claim correctly. We'll contact you if this is the case.

## What if you already have pre-approval?

If you have already been approved to have the procedure or medical treatment, you'll just need to send us copies of the invoices and receipts if you've already paid the provider. Please include your membership number and claim number with the invoices.

We'll then assess these and pay the providers directly. If you've already paid the invoices, we'll reimburse you.

## Why do you need to provide medical evidence?

We need medical evidence to confirm that the service you are claiming for is covered under your policy. We need medical evidence to assess a claim or pre-approval.

Medical evidence could either be a copy of the referral letter, or consultation notes from the GP, dentist or optometrist. We would also accept a copy of the specialist's letter or notes confirming the outcome of your consultation or treatment.

The medical evidence must be from the medical professional who saw the patient for the condition. It must state why the consultation, procedure or treatment is, or was, required.

## When do we need a Medical report?

You need to provide a Medical report form with your claim or pre-approval if:

- you did not provide your complete medical history at the time of submitting your application to Accuro (that's all your medical notes from birth to the date you applied for health insurance with Accuro), and
- you're claiming within the first 5 years of your Hospital & Surgical+ base plan or Specialist+ plan, and
- you have not claimed for this condition before.

The Medical report form needs to be completed by the GP (or dentist or optometrist) who holds your medical history. We need this form to give us the history of the condition, its symptoms, and when it first became apparent. Often the GP referral or specialist letter will not give us a comprehensive history of the condition, which is why we ask for the Medical report form to be completed.



You must pay any costs involved in getting any of the information above.

## Things to remember

We can only accept and provide cover for costs:

- for a person who is covered under your policy
- for events that occur after your policy begins
- under a policy that has premiums paid up to date
- for benefits listed in the plans you have cover for
- charged at a reasonable and fair cost (within our reasonable and customary charges)
- for services only in the private sector (unless listed otherwise in your policy document).

We recommend that you read the next section ('What we will pay'), as things listed here may affect your claim or the amount we're able to pay out for a particular procedure or medical treatment.

Please call or email us if you're unsure about anything, including whether you need to send a Medical report with your claim.