

## Budget Direct Health Insurance Claiming Information

*Before submitting your claims please read the following information.*

Budget Direct Health Insurance pays claim benefits by direct credit to your nominated bank account. To ensure a faster refund please ensure your account details are up to date by selecting 'Check how I pay Budget Direct Health Insurance' from the menu in the top right hand corner of your Online Member Area.

### Extras claims

If you are trying to claim for one of the following services there's no need to print a claim form. Just submit the claim here in your online member area.

<b>Acupuncture</b>	<b>Ambulance cover (Victoria, SA, NT, WA only)</b>	<b>Chiropractic</b>
<b>Dental (excluding orthodontic)</b>	<b>Foot orthotics</b>	<b>Homeopathy</b>
<b>Myotherapy</b>	<b>Naturopathy</b>	<b>Optical</b>
<b>Physiotherapy</b>	<b>Podiatry</b>	<b>Psychology</b>
		<b>Hydrotherapy</b>
		<b>Osteopathy</b>
		<b>Remedial Massage</b>

Need help submitting your claim online? Contact Budget Direct Health Insurance via [webchat](#) or phone between 8am and 6pm Monday to Friday AEST.

### Orthodontic Claims (item numbers 811-881)

If the item number on your account doesn't begin with an 8 then the claim is not an orthodontic claim and can be submitted online.

If the treatment you are claiming for is an orthodontic claim there are 3 things you need to submit to Budget Direct Health Insurance.

- ▶ A completed claim form
- ▶ Your orthodontic account
- ▶ A treatment plan from the orthodontist with the following details
  - The type of treatment you are having eg braces or a plate
  - The expected length of treatment
  - The cost of treatment
  - Details of any related orthodontic work

Your orthodontist will usually give you this information when you begin treatment with them. Contact us if you don't have a treatment plan.

### How long will my claim take?

**Orthodontic Claims** will be processed within 2-3 business days.

**Extras Claims** that are able to be claimed online will be processed within 5-10 business days. You should then receive payment within 48-72 hours into your nominated account.

If you submit your extras claim online you should receive a payment in your account within 48-72 hours.

### Where can I find more information?

For information on covers and benefits, check out [Budget Direct Health Insurance's Covers](#). For more information on how to claim, call 1300 665 623

Still have questions? You can [chat](#) to the Budget Direct Health Insurance online or by calling 1300 665 623

between 8am and 6pm Monday to Friday AEST.

## Budget Direct Health Insurance Claim Form

Please complete and return together with your account and any other required information to the above address.

### Member Details

Member Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

### Claim Details

Have you already paid the attached claims? (all claim types) **Yes**  **No**

Have you attempted to submit this claim online? (extras claims only) **Yes**  **No**

If you attempted to claim online but had an error or were unable to finalise your claim please provide details so that we can continue to improve the online claiming process:

If you decided not to claim online please let us know why you prefer to claim manually:

### Member's Acknowledgement and Declaration

#### Liabilities of Contributors to Budget Direct Health Insurance

A Contributor can be liable to Budget Direct Health Insurance for unpaid premiums and for overpayments. Overpayments can be made by Budget Direct Health Insurance 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 Budget Direct Health Insurance on demand. If a Contributor is liable to Budget Direct Health Insurance for unpaid premiums or overpayments then Budget Direct Health Insurance has the right to deduct the amount of that liability from any monies due by Budget Direct Health Insurance 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 Budget Direct Health Insurance. A claim should only be lodged with Budget Direct Health Insurance 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

Personal information provided by you on this form will be used to deliver the health insurance claims service to you. Failure to provide all of the required information may prevent us from completing your claim. The information Budget Direct Health Insurance collects from you is confidential. We may disclose this information to Government authorities and health care providers. You are entitled to access your personal information. You can do this by in writing or by calling Budget Direct Health Insurance on 1300 665 623.

#### Audits

Budget Direct Health Insurance undertakes audit activities in order to protect members' assets and contain costs. From time to time, in the general interest of members, Budget Direct Health Insurance 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 Budget Direct Health Insurance's 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 Budget Direct Health Insurance to contact the provider of any professional service for clarification of any details in this claim.

Member's signature: \_\_\_\_\_

Date: / /