

## Accident & Health International (AHI) Claims Information

The AHI claims team consists of 9 staff to service the needs of the various portfolios that we administer. All of our staff have received Insurance Code Compliance Training. Several members of the claims department are continuing with professional development courses that are accredited with the Insurance Institute. One of the staff members also has a health care background.

Our internal standard is to provide a response within 5 working days of receipt of a claim. If the claim form is incomplete we will still request additional information within this five day period.

If further information is not required to assess the claim, no response will be sent to the claimant when the claim is received, however the claim will be settled within 10 days of receipt of the claim.

We provide a "Claims Advice" section on our website [www.acchealth.com.au](http://www.acchealth.com.au). This provides potential claimants with a list of all the information that is required to submit a claim. Claim forms can also be downloaded from this website.

Claims can be paid via the following methods:

- Cheque
- Direct bank deposit.

The majority of our claimants choose to have their funds deposited into an Australian bank account. We either email or post a settlement letter with each claim payment.

## Claims Procedure

If you wish to make a claim under this Policy please provide the following information to enable Accident & Health International to assess and pay your claim in a timely manner:

1. A fully completed claim form for each individual member claiming on the policy, ***including full details of the condition or injury that has been suffered. It is important all relevant parts of the claim form are completed to avoid delays in payment;***
2. Also include your Policy Number 0028591 on the claim form;
3. Be sure to include your full contact details including a postal address, email address and telephone number so we can contact you;
4. Provide original receipts for all medical, hospital, pharmaceutical and other expenses etc which are being claimed;
5. You must also submit the actual medical account along with any payment receipts. The medical account contains specific item codes and treatment codes that are required to assess your claim.

Please note that credit card receipts alone are not acceptable.

\* Note the information below relating to any account that is subject to Medicare reimbursement

## NON-MEDICARE MEDICAL EXPENSES (Event 19) - NOTICE TO CLAIMANTS

If you are claiming reimbursement for medical expenses incurred as a direct result of injury, please read the following information carefully. Please also refer to your Policy document for any other additional terms of reimbursement.

If you are claiming the difference or shortfall of a payment from Accident & Health, you must first seek reimbursement from your Private Health fund (if applicable) and submit the accounts with your claim. Specifically for reimbursement of Medical Expenses that are subject to Medicare, the following information should be noted.

We advise that Your Policy will cover non-Medicare Medical Expenses to the amount stated in the Policy (after the deduction of any excess) for injuries which occur during insured activities. The policy will cover fees incurred as a result of injury including, but not limited to fees paid to nurses, chemists, hospitals, chiropractors, osteopaths and physiotherapists. Please note that you are expected to settle accounts first and then seek reimbursement.

We advise that this company must comply with Federal legislation that limits the benefits that General Insurers, Health Funds (and others) are legally allowed to insure. As a General Insurer we are *prohibited* from reimbursing medical expenses that are covered by the Medicare Scheme.

We can pay:

- ✓ 100% of Theatre Fees & Accommodation Fees in a hospital where the Insured Person is a *private* patient in a public or private hospital.
- ✓ Any other medical expenses which are not covered by Medicare.

We cannot pay:

- ✗ Any *out of hospital or outpatient* expenses which have a Medicare component.
- ✗ Any amounts above the Scheduled Fee, or “gap” fees related to Medicare services
- ✗ When you are a *public* patient in a private or public hospital. Everything is covered by Medicare in this circumstance.
- ✗ Specifically, for out of hospital physician or specialist Doctor visits, Medicare refunds 85% of the Scheduled Fee. No-one can reimburse any other amount for these expenses.

### Examples

| Medical Service                                   | Amount Charged | Scheduled Fee | Medicare Pays | We Pay   | Insured Pays |
|---|----------------|---------------|---------------|----------|--------------|
| Private Hospital Accommodation                    | \$400.00       | \$0.00        | \$0.00        | \$400.00 | \$0.00       |
| Hospital Doctor Consultation                      | \$92.00        | \$62.85       | \$53.45       | \$0.00   | \$38.55      |
| GP Consultation out of hospital (no bulk billing) | \$36.00        | \$24.50       | \$20.85       | \$0.00   | \$15.15      |

Please note that where a Private Health Fund has reimbursed the “gap, no further reimbursement is available.

Further information on these limitations should be available from the Health Insurance Commission

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