

Please describe the injury and indicate the part of your body affected (e.g. left shoulder, index finger):

I understand that ahm requires information from the health practitioners nominated in sections 5 and 6 (and other health practitioners involved in that care) in order to assess whether benefits are payable towards the relevant hospital treatment. I consent to, and direct, these health practitioners (and any other health practitioners involved in that care) to provide ahm with any information as may be necessary for ahm to conduct its assessment. I authorise ahm to collect, use and disclose relevant personal information for the purpose (and related purposes) of assessing the claim, including to determine whether the claim may be subject to compensation.

I declare that the information I am providing is true and correct.

Signature of member or Parent/Guardian: _____ Date: ____ / ____ / ____

Section 5: To be completed by the referring practitioner

This section must be completed by the medical practitioner who referred you to the specialist providing the hospital treatment.

Our member (nominated in Section 2) has indicated that they require treatment as a consequence of an accident. ahm requires the following information to determine if our member is eligible for treatment under their policy. Our member has consented to the provision of this information. Thank you for completing this section promptly – this will help us to finalise our member’s claim.

Injury requiring treatment: _____

Date of first consultation: ____ / ____ / ____ Date of first admission for this injury, if admitted: ____ / ____ / ____

What was the nature of injury and the body site involved? _____

What is the likely course of treatment required? _____

Do you consider the injury to be consistent with the description of the accident in section 4? Yes No

Comments: _____

Practitioner’s name: _____ Practitioner type: _____

Provider number: _____

Address: _____

Email: _____ Phone number: () _____

I declare that the information I am providing is true and correct and any opinion expressed above is my true opinion.

Signature: _____ Date: _____

Completing and submitting this form

To assist us to determine whether your injury was caused by an accident, we need you or your parent/guardian to complete all sections of this form. The completion of this form is a requirement of ahm's Fund Rules.

Once all sections of the form are complete and signed log in to your account at **ahm.com.au**, go to the **Upload documents** section and upload this form under the **Accident claim form** option.

You can also post to **ahm health insurance Locked Bag 4, Wetherill Park NSW 2164**.

Please note that a hospital may submit the form on your behalf.

What happens next?

Once we have received the completed Accident claim form, we will determine whether the condition for which you require hospital treatment is the result of an accident for the purposes of ahm's Fund Rules. This can take up to 10 working days.

Once a determination has been made, we will notify you or your Parent/Guardian using your preferred contact method (unless requested otherwise). We may also notify the healthcare providers involved in your treatment.

ahm's privacy statement

ahm collects and uses personal information from this form, and more generally as part of the accident assessment process, to determine whether the condition for which you require hospital treatment is the result of an accident and to confirm whether you are eligible for payment of any benefits towards the costs of your hospital treatment. We also collect and use this information to determine whether your claim may be subject to compensation. If we do not collect this information, we may not be able to determine your eligibility for benefits. We may disclose personal information to persons or organisations in Australia and overseas including other Medibank Group Companies and our service providers, professional advisers, suppliers and partners. We may also disclose information to your healthcare providers, other persons covered under your policy or your agents, solicitors, insurers and advisers.

Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information, how to lodge a privacy complaint and how we manage such complaints. You can obtain a copy of our Privacy Policy at **ahm.com.au**

For any questions or enquiries, please call **134 246**.

*See the Member Guide for how we define an 'accident'.

ahm membership, including entitlement to and payment of benefits, is subject to our Fund Rules. The Fund Rules change from time to time. ahm health insurance is a business of Medibank Private Ltd ABN 47 080 890 259. 'ahm health insurance' and 'ahm' are references to Medibank Private Ltd trading as ahm health insurance.