

GapCover Claims

BATCH HEADER for ahm policyholders



RESUBMISSION (please tick if a resubmission)

The medical practitioner named below accepts the terms and conditions of the GapCover Scheme, as contained in the GapCover Provider Guide and declares:

- The insured person has been informed in writing of any out of pocket expenses charged by the medical practitioner for the services rendered during hospitalisation that the person can reasonably be expected to pay for treatment prior to that treatment;
- That the insured person has acknowledged receipt of that advice; and
- That disclosure of all relevant financial interests regarding any product or service recommended has been made to the insured person.
- That the products and services specified in the attached accounts were provided by me or on my behalf.
- That those products and services were provided to a private patient admitted to a hospital or approved day hospital facility.
- The total amount charged is shown on the attached accounts, including any patient out of pockets.

Where the insured person is **NOT** being charged an additional amount for services rendered during hospitalisation above the benefit provided by the health fund, the provision of **written** informed financial consent by the insured person is not required.

PROVIDER'S NAME

Grid of 30 empty boxes for provider name.

PROVIDER/PRACTICE NUMBER

Grid of 10 empty boxes for provider/practice number.

LODGEMENT DATE

Grid for lodgement date: DD / MM / YYYY.

TOTAL NUMBER OF ACCOUNTS

Grid of 3 empty boxes for total number of accounts.

TELEPHONE NUMBER

Grid of 12 empty boxes for telephone number.

FACSIMILE NUMBER

Grid of 12 empty boxes for facsimile number.

EMAIL ADDRESS

Grid of 30 empty boxes for email address.

NAMES OF PATIENTS WHO GAVE INFORMED FINANCIAL CONSENT (IFC) POST PROCEDURE

Grid of 7 rows and 30 columns of empty boxes for patient names.

- All accounts must contain the patient's Medicare card number, their Individual Reference Number and their member number.
- For scanning purposes, this is the only batch header that ahm will accept for processing GapCover Claims.

SEND TO:
ahm GapCover
Locked Bag 4
WETHERILL PARK BC NSW 2164



**For account enquiries call:
134 246**