

STUDENT ACCIDENT INSURANCE CLAIM FORM
FEDERATION OF PARENTS & CITIZENS' ASSOCIATIONS OF NEW SOUTH WALES

The issue or acceptance of this form is not construed as an admission of liability on the part of the Company. Please print clearly. To avoid delays please ensure all relevant sections are completed.

Section 1

School Name: _____

Student's Name: _____ Date of Birth: ____/____/____

Parent/Legal Guardian's Name: _____

Postal Address: _____

Daytime Telephone Number: _____

- Are you claiming for:
- ☐ Capital/Broken Bone Benefit only
(Complete Sections 1, 2 and 4 only – please include a copy of the x-ray report for fractures, or if applicable, coroner's report or medical report)
- ☐ Any Medical Expenses
(Complete All Sections)
- ☐ Non-Medical Expenses only
(Complete Sections 1,2 and 5 only)
- ☐ Capital/Broken Bone Benefit and Medical and/or Non-Medical Expenses
(Complete All Sections)

Section 2

Date and Time of injury: _____

What is the injury? _____

Location where injury occurred: _____

What was the student doing at the time of the injury? _____

How did the injury occur? _____

Was this a school activity? _____

Section 3

Does the student have private health cover? _____

Name & Phone number of initial Medical Attendant _____

Name & Phone number of your regular Medical Attendant _____

I authorise any doctor or medical attendant who has treated or examined the student to give the underwriter any information it requires in relation to this claim, to assist in the proof and settlement of any claim. A photocopy or faxed copy of this authority can be acted upon as if it were an original.

Parent/Legal Guardian Signature: _____ Date: ____/____/____

Payment Authority: I hereby authorise payment of any benefits be made payable to: _____

Parent/Legal Guardian Signature: _____ Date: ____/____/____

Please send completed Claim form to:

Accident & Health International

Underwriting Pty Limited

ABN 26 053 335 952

Level 2, Exchange House, 10 Bridge St, Sydney, NSW. 2000

GPO Box 4213, Sydney, NSW, 2001

Phone 02 9251 8700 Fax 02 9251 8755 Freecall: 1800 618 700 Freefax: 1800 618 755

At your own expense, you must have this certificate completed by a duly qualified Medical Practitioner. To avoid delays, please ensure this certificate is fully completed and returned with the claim form.

Section 4 - **MEDICAL CERTIFICATE**

If you are unable to answer any of the questions below, please indicate.

Describe Injury _____

When did you first treat the student for this condition?

Since when has this condition (in your opinion) been in existence? ____/____/____

Has the student previously suffered from the same or a similar injury?

No

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Yes

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Date: ____/____/____

Diagnosis _____

Are there or do you envisage any complications?

No

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Yes

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Give details

Are the student's symptoms due or traceable exclusively to this injury?

No

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Yes

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Is there anything in the student's medical history which may have contributed directly or indirectly, to the injury or which may be likely to retard the student's recovery?

No

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Yes

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Give Details

Present condition

Prognosis

Name of operation (if any)

If hospitalised, give dates

From ____/____/____ to ____/____/____

Name of Hospital _____

Date student was Totally Disabled ____/____/____

Name of physician who previously treated student for the above condition

Have you any reason to suppose that the student was under the influence of intoxicants at the time of the accident?

No

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Yes

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When did you release student to return to school (if applicable)?

In your opinion, probable further disability should not exceed

____ Weeks

____ Months

Name of Attending Physician (Please Print)

Signature _____ Date ____/____/____

Qualifications

Address

STUDENT ACCIDENT MEDICAL EXPENSE CLAIM FORM

Section 5		A	B	C	D	Office Use Only	
Date Expense Incurred	Item Description	Fee Charged	Scheduled Fee	Medicare Benefit	Health Fund Benefit	Amount Payable By A&HI	Details
Totals:							

Reimbursement is calculated as follows:
A – D in the case of no Medicare component
B – C in the case of an “in-hospital” expense, this is known as the “gap”.
 Please note that in the case of a “gap” being paid by your Health Fund, no further benefit is claimable from Accident & Health International.

NON-MEDICARE MEDICAL EXPENSES NOTICE TO CLAIMANTS

If you are claiming reimbursement for Medical, Tuition, Clothing or Emergency Transport Expenses, please complete the schedule over page. If you are claiming the “gap” from Accident & Health, you must first seek reimbursement from Medicare and submit the Medicare Benefit Statement and accounts with your claim. For reimbursements for Medical Expenses, please read the following information carefully:

We advise that the Student Accident Policy will cover non-Medicare Medical Expenses to a maximum of \$5,000.00 (after the deduction of \$50.00 excess) for injuries which occur during school time or school organised activities. The policy will cover fees incurred as a result of injury including, but not limited to fees paid to registered medical practitioners, nurses, chemists, hospitals, chiropractors, osteopaths and physiotherapists. Please note that you are expected to settle accounts first, then seek reimbursement, however if hospitalisation is involved and the fees large, prior arrangement must be made if you wish accounts to be settled directly.

We advise that this company must comply with legislation that limits the benefits Health Funds (and others) are legally allowed to insure. Like health insurers, we are *not* entitled to provide 100% reimbursements on 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.
- ✓ The “In-Hospital Gap” – When you are a “private patient”, Medicare pays 75% of the Scheduled Fee for Doctors, Surgeons, pathology tests, assistant Surgeons, x-rays and Anaesthetist Fees. We can only pay the 25% difference between the Medicare refund (75% of the Scheduled Fee) and the actual Schedule Fee. This is called the “Medicare Gap”. Please note that if you have private health insurance, your health fund will reimburse the “gap” and no further benefit will be claimable.
- ✓ Any other medical expenses which are in no way covered by Medicare.

We cannot pay:

- ✗ Any *out of hospital or outpatient* expenses which have a Medicare component.
- ✗ Any amount above the Scheduled Fee.
- ✗ When you are a *public* patient in a private or public hospital. Everything is covered by Medicare in this circumstance.
- ✗ The Emergency ward charges of a Private Hospital are not considered to be an “in-hospital” expense. Therefore it is deemed out of hospital and we cannot pay any benefit. (When you are admitted as a full patient, the normal restrictions apply as outlined above.)
- ✗ Pharmaceuticals in the Pharmaceutical Benefits Scheme (PBS).
- ✗ Specifically, for out of hospital GP 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	\$9.40	\$29.15
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 at government offices on Health and Family Services.