How will I be paid?
You can choose to receive your benefit via:

- **Direct deposit** into your nominated bank account – usually within 48 hours of the claim being processed. There’s a space for you to put account details on the claim form. We then hold these details on your file for future claims unless you advise us otherwise.
- **Cheque**, posted to your address – around 5 days after the claim has been processed. If you have not yet paid for the service, the cheque will be made out to the service provider.
- **In person** at the TUH Health Care Centre, where we can pay your benefits directly into your bank account or by cheque.

The benefit will be paid to the policy holder unless TUH has an authorisation to pay someone else on the policy:

- Spouse - the policy holder must complete a ‘Spouse/Partner Authority’ form or contact TUH on 1300 360 701
- Dependant – policy holder must provide an authorisation in writing stating they give permission for their dependants to make claims and have benefits paid directly to them. As we cannot record more than one bank account for direct deposit, the dependant will need to write their bank account details on the claim form for each claim they make.

What kind of account or receipt is required?
Accounts or receipts should be on the provider’s official account form or letterhead. All accounts must be itemised and must bear the name and address of the person providing the service. The account must also state the name of the person receiving the service, a description of the service, the date the service was provided and the cost of the service.

Cash register dockets or copies of credit card receipts are not acceptable documents for making claims. You may need to request an itemised receipt when you are making purchases from chemists or medical equipment suppliers. Providers are accustomed to doing this and are happy to do so if requested. The same requirements apply for online purchases, however, there is no benefit payable for purchases from overseas suppliers.

Receipts must be original documents, not photocopies or faxes.

Do I need receipts for an online claim?
We don’t need you to submit a receipt for online claims. However these claims are subject to random audits, so please ensure you retain all receipts for a period of twelve (12) months after submission. If you are submitting an email claim you must scan your original accounts/receipts and retain the originals for 6 months after your claim has been paid.

What about online claiming for Mac users?
Some Apple Mac users have reported difficulties saving data that they have entered into the claim form when using the inbuilt Mac PDF viewer ‘Preview’. We recommend you check that any data entered using ‘Preview’ has been saved before sending the completed form to us. This can be done by saving it to your computer, closing and reopening it. We recommend downloading Adobe Reader for your version of the Mac if you experience difficulties with completing the form.

Can I claim for future services?
Sometimes members choose to pay in advance for a series of treatments which will be carried out over a period of time. We will only pay benefits for services that have been carried out, regardless of when you paid for the services.

General treatment claims
What is HICAPS?
HICAPS is an electronic system for making claims with providers who participate in the system. It works very similarly to EFTPOS. Once you have had your appointment, simply hand your TUH membership card to the provider. They will swipe your card through a special machine and the claim will be made electronically. There are no forms to complete and send to us. You just need to pay the provider the difference between your benefit entitlement and the charge for the service.
Should you ever encounter a problem when making a HICAPS claim, ask the provider to contact us at that time. Many problems can be fixed over the phone and your claim can continue.

**I have some old receipts. Will TUH pay benefits on these services?**

Benefits are payable for services, which took place less than two years prior to the date of lodgement of the claim. Benefits are paid at the rate which applied to that service at the time the service was provided and up to any limit that applied to that service in the calendar year in which it occurred. Benefits for services provided in one year cannot be claimed against the limit allowed for that service in the following or preceding year.

**What about orthodontic treatment?**

You must submit an orthodontic treatment plan from your orthodontist at the commencement of the treatment. We will then advise the benefits available in writing taking into account length of membership and previous orthodontic benefits paid by us or any previous fund.

Your orthodontist may enable you to pay for the entire course of treatment in a lump sum at the start of treatment. It is important to note that we are only able to pay benefits for services once they have been provided. We will pay benefits for the initial application of orthodontic appliances after they are applied and then for each follow up visit at the time the service is provided, subject to the patient’s orthodontic limits. To claim a benefit you should obtain documentation from the orthodontist for each service and submit them to us after that service is carried out.

Orthodontic services have lifetime limits. They do not renew at the start of each calendar year as most other limits do. Dental impressions, x-rays and consultations which may be provided by an orthodontist are paid as normal dental services and are not claimed against your orthodontic limits.

Orthodontic services cannot be claimed through HICAPS

**Can I claim for all expenses relating to my treatment?**

Claims for some items must be accompanied by a doctor’s letter stating that the item is medically required. These include prosthetics, mechanical appliances and health aids.

Benefits are not payable for:

- Telephone and email consultations or letters of advice by providers.
- Treatment by a provider to one of their direct family members including partner, brother, sister, father, mother, son or daughter.

Payment of benefits for general (extras) treatments are restricted if you attend two or more sessions for the same type of service or treatment on the same day. This means that you cannot see for example a chiropractor and a physiotherapist on the same day for the same condition, such as lower back pain. There are no restrictions if the treatments are more than two hours apart and the consultations are relating to separate conditions. If you are claiming for the same treatment more than 2 hours apart the receipt needs times listed for each consultation.

**Can I claim for products purchased online or overseas?**

We only pay benefits for purchases made online if the provider has an Australian Business Number (ABN) and a physical address in Australia. We do not pay benefits for products purchased overseas.

**Hospital claims**

**What about hospital claims?**

Most hospitals submit their claim to us directly. Once the benefit is paid to the hospital, we will send you a payment advice for your records.

**How do I pay my excess?**

You should pay any excess on a hospital stay directly to the hospital involved. The hospital will either ask you to pay your excess prior to your admission or may wait till after we have paid them before sending you an account for your excess. It is best to check the hospital’s payment policy before your admission to avoid problems or delays on the day.

**What about doctors’ accounts?**

Bills from doctors, anaesthetists, pathologists and other medical professionals which relate to your hospital stay should be submitted to Medicare before being sent to us. The only exception is where
the doctor has billed you through the Access Gap Scheme. These accounts should be sent to us directly and not to Medicare. They should have a reminder on them advising you to do so.

**What is Access Gap cover?**
TUH aims to close the gap on out of pocket in-hospital medical expenses for all members. Access Gap Cover is available with any level of hospital cover. Participation is the personal choice of your medical practitioner, so check this before commencement of treatment. Also ask your specialist to recommend that any assisting specialist(s) use Access Gap Cover for the billing of services.

**How do I find an Access Gap provider?**
You can find a list of some of the doctors who have participated in Access Gap in the past on TUH’s website. This is not an exhaustive list as some professionals do not want their name advertised in this way. If your doctor or specialist has not participated in Access Gap, but is willing to do so for you, please ask them to contact us for directions on how to register. Professionals who participate in Access Gap cover may include specialists, doctors, radiographers, anaesthetists and pathologists.

**How does in-patient billing work?**
As a private in-patient, Medicare will cover 75% of the MBS fee for doctor’s charges. TUH will cover the remaining 25%. If your doctor charges above the MBS fee, this is an out of pocket expense.

If your doctor has nominated to bill under the Access Gap Cover scheme you will either:
- Have no out of pocket expenses: or
- Know your out of pocket expenses

Prior to treatment you can request an estimate of possible costs.

If your doctor participates in the Access Gap Cover scheme, in most cases you will not receive an account as we receive the bill and make any claims on your behalf from Medicare. If your specialist prefers to send the account to you personally, you should submit this account to TUH directly and **NOT** to Medicare. The account should bear a sticker or other message to advise you to do this. Once your account has been settled, you will receive a statement from TUH confirming the amount paid to your doctor.

**How do I claim through Medicare?**
Medicare gives you two options for claiming your benefit. Firstly, you can complete a Medicare claim form and Medicare will pay your benefit over the counter or post you a cheque. Medicare will issue you with a Statement of Benefit. This should be submitted to us with a TUH claim form and doctors’ receipts, if you have already paid the account, to claim any benefits through TUH. Do not send your Medicare cheque to us.

Alternatively, Medicare will pay their benefit and then submit the claim to us on your behalf. This requires you to complete a Medicare two way claim form in addition to the standard Medicare claim form. This system is slower than the traditional method so, if the doctor offers a discount for paying by a certain date, it may be to your advantage to pay the account before submitting it to Medicare.

**Can I claim for medical services provided overseas?**
We only pay benefits for doctors or in-hospital medical services provided in Australia. Medicare has very few reciprocal arrangements with other countries so we strongly recommended you take out travel insurance to cover medical expenses while travelling. If you will be overseas for more than two months you may be entitled to suspend your membership. Please contact us on 1300 360 701 for details.