

Travel and Accommodation Claim Form



Claiming Options:

Email to: claims@westfund.com.au Fax to: (02) 6352 3933 Post to: Westfund, PO Box 235, Lithgow NSW 2790 or claim using our App

General Terms and Conditions

A copy of the account and/or receipt MUST be submitted together with the Travel and Accommodation Claim Form. Original documents must be retained by you, the member, for a minimum of 24 months from the date the claim is made. Westfund may request to sight the original document during this time. Claim must be made within two years of the date of service to be eligible for a benefit.

Please ensure all sections of this claim form have been completed before submitting the claim.

Patient and Claim Details

Member	Membership number: _____ Member's full name: _____
	Email address: _____ Contact phone number: _____ <small>First/Middle/Surname</small>
Patient	Patient's full name: _____ Patient DOB: ____/____/____
	Patient's Address: _____ Postcode: _____
Benefit being claimed	Benefit being claimed (Please tick the appropriate box)
	If any part of this claim was for services received while a hospital inpatient, complete the following details:
	Accommodation <input type="checkbox"/> Travel <input type="checkbox"/>
	Name of hospital: _____ Admission date: ____/____/____ Discharge date: ____/____/____
	If any part of this claim was for services received as an outpatient, complete the following details:
	Provider Name: _____ Date of Service: ____/____/____
	Provider Address: _____

Your benefit will be paid directly to your nominated bank account. To review or update your nominated bank account, please call Member Services on 1300 937 838 or login to Members Online (westfund.com.au).

If there is no nominated bank account a cheque will be sent to the Primary Member.

Declaration

I understand that Extras benefits cannot be claimed from Westfund that have been, or will be, claimed from Medicare (unless permitted by law).

Is any part of this claim the result of an accident, illness, injury, condition or other incident for which there exists in the opinion of Westfund, a right to claim compensation from a third party, or for which a payment or consideration in settlement of a claim for compensation or damages has been received?

If yes, provide the date of event ____/____/____.

I declare that this claim is for treatment or services received by myself and/or dependants covered by this policy. All details and answers in this form and all attached documents are true and correct. I authorise my medical practitioner, or other health service provider, to provide Westfund with any details of treatment, hospitalisation, injury, disease, ailment or diagnosis about me or my dependants necessary to access my entitlements.

I consent to the collection, use and disclosure of my personal information provided with this claim in accordance with Westfund's Privacy Policy. I authorise Westfund to contact the relevant hospitals or health service providers to access such personal information as may be necessary to assess this claim.

If I am lodging this claim for another person on the same membership, I have made that person aware of the privacy statement below and have their consent to lodge this claim and give this consent and authorisation

Member's Signature: _____	Date: _____
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Our Privacy Policy contains information about use and disclosure of personal information, how you may access and seek correction of your personal information, how you may make a complaint about privacy, and how we will respond to your complaint.

Westfund's Privacy Policy is available on our website www.westfund.com.au and at any of our Care Centres.

Accommodation Terms and Conditions

- An Accommodation Benefit is payable for costs incurred as the result of boarding at a Hospital or nearby motel by the patient or one Member covered by the same Westfund Policy. Benefits are paid for the night before admission, for the nights during the hospitalisation and the night of discharge; where there is a corresponding hospitalisation record on the Member's Policy. This Benefit is not claimable for the patient while admitted.
- The Accommodation Benefit is an uncapped Benefit payable per Policy per Calendar Year. A higher Benefit is payable for the first four nights claimed per Policy. All subsequent nights claimed will be paid at a lower nightly rate per Policy.
- To be eligible for the Accommodation Benefit the Member must be admitted as a private patient.

Inpatient Travel Terms and Conditions

- Benefits will be paid on a grouped kilometre basis, in excess of 150 kilometres round trip from the Member's home locality to the locality of the hospitalisation. This benefit is not available if transport is provided by Ambulance or Non-Emergency Patient Transport.
- This Benefit is limited to one service per Member per episode of hospitalisation.
- To be eligible for the Inpatient Travel Benefit the Member must be admitted as a private patient.

Outpatient Travel Terms and Conditions

- An Outpatient Travel Benefit is payable for travel expenses incurred by a Member to attend outpatient medical specialist services when referred by a Medicare Registered Practitioner. The provider must be a recognised specialist as per Westfund's Recognition Criteria.
- An Outpatient Travel Benefit will only be paid for medical specialist services where:
 - in the case of an outpatient service, a Medicare item number is billed for that service;
 - in the case of a Specialist Dentist, a dental consultation item number is billed for that service;
- Where a Member is not billed for a medical service (e.g. post-operative consultation), a letter of attendance from the medical specialist is required.
- Benefits will be paid on a grouped kilometre basis, in excess of 150 kilometres round trip from the Member's home locality to the locality of the consultation. This Benefit is limited to one service per Member per day.