



**Queensland
Country
Health Fund**

THERE'S A FASTER WAY TO CLAIM!

Download the Queensland Country Health Fund Mobile App today for an easy, convenient and secure way to manage your membership and claim quickly!



Submit a claim
Simply take a photo of your invoice & receipt/s and press submit



Review your claims history



View policy details including contribution details



Check your annual benefit limits and see what's remaining



Update your contact information



Order new Membership Cards



Accommodation Claim Form

YOUR DETAILS

Patient Name

Membership Number

PAYMENT

Your claim will be paid into your existing account registered with Queensland Country Health Fund.

If your account details have changed or you require payment into a different account please log into your Online Member Service portal to update or call us on **1800 813 415**.

HOSPITAL NAME

HOSPITAL ADMISSION AND DISCHARGE DATES

CARER DETAILS

COMMENTS

Let us know if there's anything special we should know about this claim. Things like you've changed your address or if you'd like to update your email address. If not, just leave blank.

TERMS AND CONDITIONS

- This will apply to Members who need to travel 300km or more return journey for hospital treatment.
- The benefit will be up to \$50 per night and will apply for the period of hospitalisation including one night prior to hospitalisation and also the night of discharge.
- The benefit will not be paid for stays in Queensland Country Health Fund apartments.
- A carer or support person is permitted to stay in the accommodation, however the benefit will only apply to one room per Member per hospitalisation.
- This benefit only applies to Members who hold a hospital product.
- The treatment or service the admission relates to is covered by your current hospital product and all waits have been served.

All documentation will be retained by Queensland Country Health Fund. Please keep copies for your records. A claim for benefits must be submitted within two years of the date of service.

ACKNOWLEDGEMENT

- I declare that all of the information on this form is true and correct.
- I authorise Queensland Country Health Fund to use my personal information in accordance with the Privacy Policy. For more information about the Queensland Country Health Fund Privacy policy please refer to qldcountryhealth.com.au/privacy/ or call **1800 813 415**.
- I further confirm that all persons to which this claim relates have provided their consent to such use and disclosure of their personal information.
- I confirm the services listed on this claim cannot be claimed from other sources including Medicare Australia, workers compensation, motor vehicle accident insurance or third party liability.

Sign here to agree to these conditions

Date (dd/mm/yy)

Please send this form, your invoice & your receipt/s to:

Email: info@qchfund.com.au OR Post: **PO Box 42 Aitkenvale QLD 4814**

Office Use Only

Claim Number

Processor

qldcountryhealth.com.au
info@qchfund.com.au

1800 813 415

PO Box 42 Aitkenvale QLD 4814

Queensland Country Health Fund Ltd

ABN 18 085 048 237 is a Registered

Private Health Insurer

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