



**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 itemised account & 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**



# Claim Form

**YOUR DETAILS**

Name  Membership Number

**PAYMENT**

I would like my claim to be paid:

Into my existing account registered with Queensland Country Health Fund

Into my new account

Account Holders Name

BSB

Account Number

**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.

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/](http://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, itemised account & your receipt/s to:**

Email: [info@qchfund.com.au](mailto: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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