



**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 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

The claim form has been completed by a Queensland Country Bank staff member

**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.

**ACKNOWLEDGMENT**

- 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 [queenslandcountry.health/privacy](http://queenslandcountry.health/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.
- Queensland Country Health Fund is collecting your personal information to manage your policy and pay your claim. We handle this information in line with our Collection Statement and Privacy Policy, available at [queenslandcountry.health/privacy](http://queenslandcountry.health/privacy) or by calling 1800 813 415.

Sign here to agree to these conditions Date (dd/mm/yy)

The signature and date has been provided exclusively by the Member.

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

Email: [info@queenslandcountry.health](mailto:info@queenslandcountry.health) OR Post: **PO Box 42 Aitkenvale QLD 4814**

**OFFICE USE ONLY**

Claim Number  Processor

[queenslandcountry.health](http://queenslandcountry.health)  
[info@queenslandcountry.health](mailto:info@queenslandcountry.health)  
1800 813 415  
PO Box 42 Aitkenvale QLD 4814

Queensland Country Health Fund is a registered business name of HBF Health Limited ABN 11 126 884 786  
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