

## PSYCHOLOGY BENEFITS AUTHORISATION AND CLAIM

Members who have a Mental Health Treatment Plan under Medicare and have used up all the sessions under their Medicare entitlements in a calendar year may be entitled to claim higher psychology benefits from HCF for psychology treatment received in the remainder of that calendar year.

The psychology treatment must be certified by a medical practitioner or HCF recognised psychologist as being necessary and ongoing. The psychology treatment must be provided by an HCF recognised psychologist who is treating you as a private patient. You must not be eligible for Medicare benefits for the psychology treatment. If you're uncertain about Medicare entitlements for psychology, talk to your GP or call Medicare on **13 20 11**.

If you're claiming psychology services and have NOT participated in a Medicare Mental Health Treatment Plan in this calendar year, you DO NOT need to complete this form. You can make your claim through the HCF My Membership App, by logging in to online member services at [hcf.com.au/members](http://hcf.com.au/members) or at any HCF branch.

**Please submit this completed form along with receipts or accounts for payment.**

Complete and send to:

**HCF  
GPO Box 4242  
Sydney NSW 2001**

HCF Membership No.

### 1 YOUR DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

First name

Surname

Date of birth (DD MM YYYY)

Postcode

Phone

### 2 PATIENT AND SERVICE DETAILS (PLEASE MARK 'X')

Date of service	Full name of the person(s) who received the service	Date of birth	Who provided the service?	Claim Health Dollars (Health Dollars is a loyalty bonus payable to members on eligible hospital and extras cover)
/ /		/ /		<input type="checkbox"/> Yes
/ /		/ /		

Is any part of this claim related to an accident or incident that may relate to any form of compensation, damages or payment such as: motor vehicle accident, work related incident, personal injury, sports injury or other?

Yes If 'yes', provide the date of the event (DD MM YYYY):  and attach brief details on a separate sheet.

### 3 CHANGE OF DIRECT CREDIT PAYMENT DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Only complete this section if your account details have changed or you're setting up direct credit for the first time. **Leave blank if your payment details haven't changed.**

Account holder name

BSB No.

Account No.

**Do you need to update any other details? You can make updates online by logging in to online member services at [hcf.com.au/members](http://hcf.com.au/members)**

### 4 DECLARATION: MEDICAL PRACTITIONER OR PSYCHOLOGIST TO COMPLETE (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Name

Medicare Provider number

Contact number including area code

Postcode

I certify that the patient named above has had a Medicare Mental Health Treatment Plan for this calendar year and has used up their Medicare psychology benefits for the calendar year. Further psychology treatment is necessary and ongoing, and they are not eligible for Medicare benefits for psychology treatment for the remainder of this calendar year

Signature (Medical Practitioner or treating psychologist)

**X**

Date (DD MM YYYY)

**5 DECLARATION: MEMBER TO COMPLETE**

I declare all information provided in support of this claim is true and complete. I understand that extras benefits cannot be claimed from HCF that have been, or will be, claimed from Medicare (unless permitted by law).

I acknowledge that HCF deals with personal information of all members in accordance with its privacy policy. I consent to HCF using the information in this form to assess my claim for psychology benefits authorise, HCF to contact the provider(s) specified on this form and to collect and use any information including health information needed to verify this claim. I acknowledge that if I do not provide the information required in this form, HCF will not be able to assess my claim or pay benefits.

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF privacy policy. For a copy of this policy, call **13 13 34** or go to **[hcf.com.au](http://hcf.com.au)**

Signature

Date (DD MM YYYY)