

Overseas Student Health Cover Interactive Claim Form

Submit the following documentation with your claim:

- All receipts, invoices and documents relevant to your claim. Please keep a copy of all documents for your records.
- A copy of your passport and visa.
- Documentation in Section 5. As each claim is unique, we may request further information.

Section 1 - Policyholder Details:		
Policy Number (must be provided)		
Title: Dr/Mr/Mrs/Miss/Ms	Family Name (last name):	
Given Name:	Other name/s:	
Date of Birth:	Gender: M/F/Prefer not to say	
Home address (Name and street number):		
Suburb:	State:	Postcode:
Mobile number:	Alternative number (optional):	
Email address:		
Passport number:	Country of issue:	
Do you have any other type of health insurance (in home country, Medicare etc.)? If YES, please provide the name of the insurer and your policy number.		

Section 2 - This section must be completed for all claims
Please select what the expenses are being claimed for: If the claim is related to an accident (i.e. Motor vehicle, motorbike/scooter, workplace or sporting), please complete the Accident Information Form, located on www.allianzcare.com.au
Have you had this or a related condition before? Yes No
If yes, please provide details (dates, name & address of treating doctors/s, treatment etc):

Section 3 - Details of expenses claimed:				
Patient's legal name	Service/treatment provided e.g. Specialist consult, blood test, x-ray etc.	Date of service/treatment	Amount on invoice	Have you already paid for this service?
1.		___/___/____		Yes No
2.		___/___/____		Yes No
3.		___/___/____		Yes No
4.		___/___/____		Yes No
5.		___/___/____		Yes No

- If you have not yet paid your invoice, the amount payable under your policy may be paid directly to the medical service provider. Please direct the provider to contact Allianz Care Australia if they have any queries: 13 OSHC (13 6742).
- If you have a family policy (including dual family and multi-family policies from 1 January 2012) and are making a claim for a dependant covered by that policy, you must ensure your dependant's details are registered on your policy. You can do this in the 'Student' section of the website or call our Member Services on 13 OSHC (13 6742).

Section 4 - Payment to Australian bank account by Electronic Funds Transfer

Please provide bank account details to ensure prompt payment (only complete if you have already paid the account and have attached copies of tax invoices and receipts). **If correct bank details are not provided, a cheque will be sent to your Australian postal address.**

Name of financial institution:

Name of account holder:

BSB number:

Account number:

Section 5 - Required documentation

In addition to documents we requested as outlined above, we may require some further information depending on your claim. Please see the documentation we may need below and if it applies to you, make sure you provide these documents (mark as provided)

Please note your claim may not be accepted without relevant documentation as outlined below.

Medical Certificate (download the form at www.allianzcare.com.au)

Specialist letter/report. If you attended a Specialist appointment or received treatment, medical documentation will be required.

Hospital discharge summary. If you presented to the emergency department or were admitted into hospital, medical documentation will be required.

Ambulance report. If you were transported to hospital via ambulance, please also complete and submit an Ambulance claim form (download form at www.allianzcare.com)

Injury/incident. If you were in a sporting event or at work, please also complete and submit an Accident Information form (download form at www.allianzcare.com)

Clearance certificate from your previous insurer if you have transferred your overseas student health cover to Allianz Care Australia.

Section 6 - Declaration

I declare that all statements and particulars contained in this claim form are true and correct.

I authorise Allianz Care Australia to contact the hospital, an insurer or insurance reference bureau, or provider of any service for further clarification of details relating to this or any other claims I have made.

Signature:

Date: ___/___/_____

Section 7 - Authorisation

If you wish to provide approval for someone else to speak or act on your behalf about this claim you must complete the following details (otherwise we will not be able to give any information about your claim to any other person).

I authorise (Full Name):

D.O.B: ___/___/_____

Of (Address):

Mobile:

To act on my behalf in respect to this claim and to be provided with information relating to this claim.

Please return completed form and all required documentation to:

Allianz MyHealth App (Download online)

Email: OSHCclaims@allianzcare.com.au

Fax: +61 7 3305 7009

Post: Allianz Care Australia, OSHC Claims, Locked Bag 3001 Toowong QLD 4066 Australia

Section 8 - Did you know?

To assess claims, Allianz Care Australia may request the original documentation and any further documents within 90 days after claim submission for auditing purposes.

Direct Billing Medical Providers

Allianz Care Australia has an extensive network of medical providers around Australia – show your valid OSHC card and the medical provider will be able to receive payment for the service from Allianz Care Australia. This means the invoice/account is sent directly to Allianz Care Australia. You will only be required to pay if the medical provider charges a co-payment, which is an additional amount above the scheduled Medicare fee. Find your local Direct Billing Medical Providers online at www.allianzcare.com.au under the 'Find a doctor' section.

Online Services – www.allianzcare.com.au

Visit our website to:

- Submit online claims
- Renew your policy
- View our helpful information video
- Read health and wellbeing information
- Find a Doctor

Download the MyHealth app

Download MyHealth online and gain easy access to:

- e-Membership card
- Your policy information
- Find a doctor near you
- Medical terms translator
- Make a claim feature and much more

The Allianz MyHealth App is only accessible to those over the age of 18 years old

24 Hour Emergency Helpline – 1800 814 781

Emergency access to medical advice, legal and interpreting services. Limited legal advice is also available during business hours.

Waiting Periods

Under both Standard Cover and Essentials Cover, you need to wait 12 months before making a claim for a pre-existing condition (other than psychiatric pre-existing condition). The waiting period for pre existing psychiatric conditions is 2 months for Standard Cover policies. There is no waiting period for pre existing psychiatric conditions for Essentials Cover policies.

The waiting periods start from:

- (i) The date you (or your dependant) arrived in Australia; or
- (ii) If you were already in Australia, the date your student visa was granted.

See your [policy document](#) for further details in relation to waiting periods

Privacy Notice

Your privacy: Your privacy is important to us. To arrange, offer, and provide you with our products and services (or those we may offer or provide to you on behalf of our business partners) and for the purposes set out below, we, namely AWP Australia Pty Ltd ABN 52 097 227 177 trading as 'Allianz Care', collect, store, use, process, and disclose your personal information including sensitive information such as medical information in accordance with the requirements of privacy laws. For full details of our privacy policy, please visit our website at www.allianzcare.com.au and click on the Privacy & Security link.

When we collect your personal information, we are responsible for ensuring it is processed and protected in accordance with applicable privacy laws such as the Privacy Act 1988 (C'th), and sometimes European Law such as the GDPR where our activities fall within its scope. Personal information we collect includes, for example, your name, address, date of birth, email address, your medical information, passport details, and bank account details. We also collect information through devices such as 'cookies' when you visit our website or use our mobile apps, in order to improve our website functionality and user experience.

Data Collection: We usually collect your personal information directly from you but sometimes from others depending upon the circumstances and the product involved. For example, to quote, arrange, or provide our health insurance products and services, we may collect your personal information from you, your agents, our agents, your broker, other insurers, universities and learning institutions, Government departments managing Immigration, health, and foreign affairs including for visa purposes, family members including your partner or spouse, travelling companions, as well as from doctors, hospitals, and other health service providers if you require medical assistance. We may collect your personal information from our business partners and agents whom you may have approached or who distribute or help provide or arrange our products and services.

Purposes & Uses: We use your personal information to arrange, offer, and provide our products and services (or those we may offer or provide to you on behalf of our business partners) and to manage your and our rights and obligations in connection with any products and services you have inquired about or acquired. For instance, we use it to assess, process, and investigate health insurance claims, and to liaise with Government Departments such as immigration, health, and foreign affairs where it relates to your cover or your application for private health insurance cover. We may also use it for product development, marketing (where permitted by law or with your consent), customer data analytics, research, IT and related systems maintenance and development, recovery against third parties, fraud investigations, to comply with requests from regulatory bodies and government departments, and for other purposes with your consent or where permitted by law. We do not sell your personal information to any other person or entity for marketing purposes.

Disclosures & overseas transfers: Your personal information may be disclosed to your family members, co-insured on the same policy, your spouse or partner, as well as to third parties who assist us to carry out the activities set out in the 'Purposes & Uses' paragraph above, such as claims management providers, our agents and intermediaries, insurers, investigators, cost containment providers, medical and health service providers, universities and other education institutions, overseas data processing and 'cloud' storage providers, legal and other professional advisers, your agents and broker, your travel group leader if you travel in a group, your employer or sponsor, insurance reference bodies, and our related entities in the Allianz group of companies including Allianz Partners. Some of these third parties to whom your personal information may be disclosed and transferred, will be located in other countries including in Europe, the UK and Ireland, Asia, Canada, or the USA. We also, where necessary, disclose your personal information to Government Departments that manage immigration, health, and foreign affairs, as well as to regulatory bodies including those involved in the health insurance industry. We also disclose and transfer your personal information to our private health insurer that underwrites your policy, namely Peoplecare Health Limited, which is a registered private health insurer, ABN 95 087 648 753. When we disclose or transfer your personal information to third parties, we take steps binding those entities to comply with privacy law.

Marketing: We may, where permitted by law or with your consent, contact you by telephone, normal mail, email, electronic messages such as SMS, and via other means with promotional material and offers of products or services from us, our related companies, and business partners that we or they consider may be relevant and of interest to you. Where we contact you as a result of obtaining your consent, you can withdraw your consent at any time by calling us on 1800 023 767 or by contacting us – see below.

Other individuals/dependents: Except where you have legal authority to provide personal information on behalf of another, such as in your capacity as a parent or legal guardian, when you provide personal information to us about another individual on your policy such as your spouse, partner, family member, dependent, or adult children, we rely on you and you warrant to us that you have first obtained that individual's consent, and have made them aware of the matters set out in this Privacy Notice.

Access to and correction of personal information: You may also seek access to your personal information (or that of another on your policy where you are authorised to do so) and ask us to correct or update it, and to obtain details about our data processing activities in respect of your personal information. You may have further rights in respect of your personal information where the GDPR law applies, and depending upon the circumstances, you may request a restriction on processing, request it be deleted, and to receive it in a portable form, amongst other things.

Withdrawal of consent: Where your personal information is used or processed with your specific consent as the sole basis for such use and processing (rather than on a contractual basis or legitimate interests of the company), you may withdraw your consent at any time. Just contact us as set out below. Contact us: If you wish to make a complaint about your data privacy, or have a request for access or correction, or any query about your personal information, please contact:

The Privacy Officer, Allianz Care Australia, PO Box 162, Toowong, QLD 4066, or email DataPrivacyAU@allianz-assistance.com.au or phone us on +61 7 3305 7000.

You can also contact the Privacy Commissioner at the Office of The Australian Information Commissioner, GPO Box 5218, Sydney, NSW, 2001 if you have a complaint. Without your agreement to the matters set out above, we may not be able to provide you with our products or services including the assessment and payment of any claims.