

## 1. General Information

- 1.1 Online Claiming is a service provided by Queensland Country Health Fund Ltd ABN 18 085 048 237 T/A Territory Health Fund (**Territory Health Fund**) to our Members via the Online Member Services Portal on our website [members.territoryhealth.com.au](https://members.territoryhealth.com.au) which allows Members to claim online for certain Extras services.
- 1.2 Use of Online Claiming is governed by these terms and conditions; and the terms and conditions which govern the use of this website.

## 2. Eligibility Requirements

- 2.1 To be eligible to use Online Claiming the following conditions apply:
- the Member lodging the claim must be registered for Online Member Services; the total benefit claimed must not exceed \$400 per day;
  - the service is provided no more than three (3) calendar months prior to the date the claim was submitted;
  - the service is one of the Service Types provided in Clause 3.1.

## 3. Service Types

- 3.1 The following Service Types are permitted to be claimed through Online Claiming subject to the Member's level of cover:
- Acupuncture;
  - Audiology;
  - Chiropractor;
  - Dietetics;
  - Dental (excluding Major Dental);
  - Massage;
  - Occupational Therapy;
  - Optical;
  - Osteopathy;
  - Physiotherapy;
  - Podiatry (excluding orthotics and appliances);
  - Speech Therapy.

- 3.2 The following Service Types cannot be claimed through Online Member Services and eligible benefits for the services must be claimed by completing a claim form (attaching original invoices/receipts or provider endorsed duplicates) and providing this to Territory Health Fund either in person, by email or post:
- a) Pharmaceuticals;
  - b) Psychology;
  - c) Major Dental (including orthodontics, periodontics, surgical extractions, crowns or bridges and prosthodontics);
  - d) Any service that holds a 12 month waiting period;
  - e) Healthy Living benefits;
  - f) Services covered under Hospital Cover.

#### **4. Claiming conditions**

- 4.1 For Territory Health Fund to assess your claim all invoices/receipts held by you must be originals (or provider endorsed duplicates) and include the following details:
- a) appropriate item number or full description of the service;
  - b) patient's name;
  - c) date of service;
  - d) fee charged;
  - e) provider's name, qualifications, practice address and provider number;
  - f) tooth numbers are required on dental accounts where treatment has taken place on individual teeth.
- 4.2 Benefits and limits are assessed having regard to the date on which the services were rendered.
- 4.3 Limits renew each anniversary date of the establishment of your policy.
- 4.4 Services must be provided by approved practitioners in a private practice who are registered in accordance with our Fund Rules.
- 4.6 All documents submitted in connection with a claim become the property of Territory Health Fund, unless otherwise agreed by the Health Fund.
- 4.7 Benefits are not payable in the following circumstances:
- a) for claims for services rendered while premiums are in arrears or the Membership is suspended;
  - b) during any applicable waiting periods (however, benefits may be payable at a reduced rate in this circumstance),
  - c) for services rendered outside Australia or, for items purchased or hired from overseas suppliers;
  - d) on claims subject to compensation, third party or other liability provision;
  - e) where the business or individual supplying the service cannot supply a valid Australian Business Number (ABN) matching details on the tax invoice issued;
  - f) if a charge hasn't been raised for the treatment or service;
  - g) for treatment rendered by a provider to the provider's partner (spouse or de facto); or dependent children; or partner's dependent children, if a legally enforceable debt is not raised.

## **5. Receipts for services claimed through Online Claiming**

- 5.1 Members are to retain their original receipts for twelve (12) months after submission of a claim.
- 5.2 Territory Health Fund does not require receipts to be submitted for claims at the time of submission through Online Claiming.
- 5.3 Claims submitted through Online Claiming will be subject to review by random selection and original receipts supporting the claim may be required to be provided to Territory Health Fund.
- 5.4 If receipts are not provided by a Member within a maximum period of twenty-one (21) days from the date requested, Territory Health Fund will suspend Online Claiming for the particular Membership until the receipts are received and the review completed.

## **6. Other claiming options**

If a claim does not meet the conditions for lodgement via Online Claiming, alternative claiming options can be found by visiting our website at [territoryhealth.com.au/member-benefits/claiming](https://territoryhealth.com.au/member-benefits/claiming).