

Overview - Claiming the Hospital Excess

Although each employer's administrative input to the LGE Health Plan has been kept to a minimum, your assistance will be required when employees lodge a claim for a refund of their hospital excess. The claiming process is described below.

The Claim Form

Employee claims for a refund of the hospital excess are generally to be lodged with their LGE Authorised Officer of the Council.

Employees must provide:

- A completed Claim Form, and
- The original receipt for the payment of the excess (issued by the hospital), and
- A photocopy of the employees GMHBA membership card.

The Processing Check-List

The Processing Check-List comprises 2 sections for completion by an Authorised Council or Water Corporation Officer. These sections confirm the claimant was an employee at the time of paying the excess and that the required documents have been provided with the claim (see above).

When you have completed sections 1 and 2, the Check-List, together with the completed Claim Form, receipt and photocopy of the employee's membership card should be forwarded to the MAV for processing email. Please send through email only.

Email: lge@mav.asn.au

What happens next?

MAV will confirm:

- That the employee is a member of the LGE Health Plan.
- The period the membership has been active.
- That the health fund has paid the hospital claim (if necessary).

Please note that the processing of the excess refund claim can be delayed if the hospital delays sending the account to GMHBA. When eligibility of the claim has been confirmed, the excess refund will be credited to the eligible employee's nominated bank account.

Where there is uncertainty about the employee's entitlement to claim the excess refund, the claim will be referred to the MAV's health insurance advisors, Choosewell Corporate for investigation. Choosewell Corporate will advise the employee of the outcome.

Note: It is important that the employer does not comment on the progress, success or otherwise of a claim. Employee enquiries should be referred to Choosewell Corporate (corporate@choosewell.com.au).

Sample Forms

A sample LGE Health Plan Claim Form and Processing Check-List have been provided with this Overview.

Privacy Statement

The Municipality Association of Victoria (MAV), Choosewell Health Link Pty Ltd (Choosewell) and GMHBA Limited (GMHBA) comply with the Privacy Act 1988 (Cth) to ensure that your personal (including sensitive) information (Information) is protected. MAV, Choosewell and GMHBA collect, use and disclose your Information in accordance with our relevant Privacy Statements and Privacy Policies which are available on the below URLs:

- <https://www.mav.asn.au/privacy>
- <https://choosewell.com.au/company/privacy-policy>
- <https://www.gmhba.com.au/privacy>

Claims Check List - Reimbursement of Hospital Excess

To be completed by a Council/Water Corporation Authorised Officer registered with the Municipal Association of Victoria (MAV).

Section 1 – Employee Details

Employee Name: _____

Date of hospital admission: ____ / ____ / ____ Amount of claim: \$ _____

Person hospitalised: _____

Section 2 – Required Information

If any statement in this section is answered 'No', the claim cannot be processed.

Was the employee a current Council/Water Corporation employee at the date of the hospital admission (see hospital receipt for date)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the claim form correctly completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the original 'excess' receipt attached to the claim form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a photocopy of the claimant's GMHBA membership card attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the hospital admission date within the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Sections 1 & 2 completed by (Council/Water Corporation Authorized officer only):

Name: _____ Signature: _____

Position: _____ Employer: _____

Phone: _____ Date: ____ / ____ / ____

This claim should be forwarded to the MAV within **3 business days** of the employer's receipt of the claim. Reimbursement will usually occur within within 30 to 60 days of the MAV receiving the claim.

Email: lge@mav.asn.au

Office Use Only:

Name: _____ Signature: _____

Date: ____ / ____ / ____

Claim for reimbursement of hospital excess

To be submitted to your HR Department

Section 1 – Employee Details

Employee Name: Mr / Miss / Ms / Mrs: _____

Address: _____

Postcode: _____

Email: _____ Phone: _____

GMHBA Member No : _____ Membership commencement date: / /

Section 2 – Employer Details

Councils/Water Corporation: _____ Employee No : _____

Section 3 – Claim Details

Name of person hospitalised: _____

Relationship to employee: _____

Hospital at which excess was paid: _____

GMHBA Claim No. (if known): _____

Date of Hospital Admission: / / Claim Amount: \$

Important:

1. To avoid any delay in payment please ensure that the **original receipt** issued by the hospital for the payment of the excess together with a copy of your GMHBA membership card is attached to this form and returned to your LGE Authorised officer of the Council. You should retain a photocopy of the hospital receipt for your records.
2. The original receipt must clearly state that the payment was for a hospital excess.
3. Claims for an excess refund should only be lodged **after** the hospital admission –even though the excess may have been paid before the hospital admission.
4. Claims must be lodged within 2 years of the hospital admission to be eligible.
5. Please note that claims can take between 30 to 60 days to process depending on how soon GMHBA receive and process the hospital account.

Section 4 - Payment Details

The excess refund payment will be paid by electronic funds transfer (EFT) to the account you specify in this section **(Must be Employee's Account)**.

Account Name: _____

Financial Institution: _____

BSB: _____ Account No: _____

Section 5 - Declaration

I declare the above details to be true and correct and request reimbursement of the hospital excess paid by me. I undertake to furnish a copy of the Claims Statement as issued by GMHBA upon request.

Employee Signature: _____

Date: / /