

**STUDENT ACCIDENT INSURANCE CLAIM FORM**  
QUEENSLAND COUNCIL OF PARENTS AND CITIZENS' ASSOCIATION INCORPORATED (QCPCA)  
POLICY NUMBER 0028591

*The issue or acceptance of this form is not construed as an admission of liability on the part of the Company. Please print clearly. To avoid delays please ensure all relevant sections are completed.*

**Section 1**

School Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

- Are you claiming for:
- Capital/Broken Bone Benefit only  
(Complete Sections 1, 2 and 4 only – please include a copy of the x-ray report for fractures, or if applicable, coroner's report or medical report)
  - Any Medical Expenses  
(Complete All Sections)
  - Non-Medical Expenses only  
(Complete Sections 1,2 and 5 only)
  - Capital/Broken Bone Benefit and Medical and/or Non-Medical Expenses  
(Complete All Sections)

**Section 2**

Date and Time of injury: \_\_\_\_\_

What is the injury? \_\_\_\_\_

Location where injury occurred: \_\_\_\_\_

What was the student doing at the time of the injury? \_\_\_\_\_

How did the injury occur? \_\_\_\_\_  
\_\_\_\_\_

Was this a school activity? \_\_\_\_\_

**Section 3**

Does the student have other private health cover? \_\_\_\_\_ Type of Cover: \_\_\_\_\_

Name & Phone number of initial Medical Attendant \_\_\_\_\_

Name & Phone number of your regular Medical Attendant \_\_\_\_\_

I authorise any doctor or medical attendant who has treated or examined the student to give the underwriter any information it requires in relation to this claim, to assist in the proof and settlement of any claim. A photocopy or faxed copy of this authority can be acted upon as if it were an original.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Authority: I hereby authorise payment of any benefits be made payable to: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send completed Claim form to:

**Sydney**  
Level 4, 33 York Street  
SYDNEY NSW 2000  
GPO Box 4213, SYDNEY NSW 2001  
T: +61 2 9251 8700  
F: +61 2 9251 8755

ABN 26 053 335 952  
AFS Licence No:238261  
Email: [enquiries@accchealth.com.au](mailto:enquiries@accchealth.com.au)  
Website: [www.acchealth.com.au](http://www.acchealth.com.au)  
Freecall 1800 618 700  
Freefax 1800618 755

At your own expense, you must have this certificate completed by a duly qualified Medical Practitioner. To avoid delays, please ensure this certificate is fully completed and returned with the claim form.

## Section 4 - MEDICAL CERTIFICATE

If you are unable to answer any of the questions below, please indicate.

Describe Injury \_\_\_\_\_

When did you first treat the student for this condition?

Since when has this condition (in your opinion) been in existence? \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the student previously suffered from the same or a similar injury?

No   
 Yes  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis \_\_\_\_\_

Are there or do you envisage any complications?

No   
 Yes  Give details

Are the student's symptoms due or traceable exclusively to this injury?

No   
 Yes

Is there anything in the student's medical history which may have contributed directly or indirectly, to the injury or which may be likely to retard the student's recovery?

No   
 Yes  Give Details

Present Condition:

Prognosis

Name of operation (if any)  
 If hospitalised, give dates

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Hospital \_\_\_\_\_

Have you any reason to suppose that the student was under the influence of intoxicants at the time of the accident?

No   
 Yes

When did you release student to return to school (if applicable)?

In your opinion, probable further disability should not exceed

\_\_\_\_Weeks \_\_\_\_Months

Name of Attending Physician (Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Qualifications

Address

**NON-MEDICARE MEDICAL EXPENSES  
NOTICE TO CLAIMANTS**

**PLEASE READ PRIOR TO SUBMITTING YOUR CLAIM FOR ANY MEDICAL EXPENSES**

**If you are claiming reimbursement for Medical, Tuition, Clothing or Emergency Transport Expenses, please complete the schedule over page. If you are claiming the “gap” from Accident & Health, you must first seek reimbursement from Medicare and submit the Medicare Benefit Statement and accounts with your claim. For reimbursements for Medical Expenses, please read the following information carefully:**

We advise that the Student Accident Policy will cover 85% of non-Medicare Medical Expenses to a maximum of \$5,000.00 (after the deduction of \$50.00 excess) for injuries which occur during school time or school organised activities. The policy will cover fees incurred as a result of injury including, but not limited to fees paid to registered medical practitioners, nurses, chemists, hospitals, chiropractors, osteopaths and physiotherapists. Please note that you are expected to settle accounts first, then seek reimbursement, however if hospitalisation is involved and the fees large, prior arrangement must be made if you wish accounts to be settled directly.

We advise that this company must comply with legislation that limits the benefits Health Funds (and others) are legally allowed to insure. Like health insurers, we are *not* entitled to provide 100% reimbursements on medical expenses that are covered by the Medicare Scheme.

We can pay:

- ✓ 100% of Theatre Fees & Accommodation Fees in a hospital where the Insured Person is a *private* patient in a public or private hospital.
- ✓ Any other medical expenses which are in not way covered by Medicare.

We cannot pay:

- ✗ Any *out of hospital or outpatient* expenses which have a Medicare component.
- ✗ Any amount above the Scheduled Fee.
- ✗ When you are a *public* patient in a private or public hospital. Everything is covered by Medicare in this circumstance.
- ✗ The Emergency ward charges of a Private Hospital are not considered to be an “in-hospital” expense. Therefore it is deemed out of hospital and we cannot pay any benefit. (When you are admitted as a full patient, the normal restrictions apply as outlined above.)
- ✗ Pharmaceuticals in the Pharmaceutical Benefits Scheme (PBS).
- ✗ Specifically, for out of hospital GP or specialist Doctor visits, Medicare refunds 85% of the Scheduled Fee. No-one can reimburse any other amount for these expenses.

**Examples**

Medical Service	Amount Charged	Scheduled Fee	Medicare Pays	We Pay 85%	Insured Pays
Private Hospital Accommodation	\$400.00	\$0.00	\$0.00	\$340.00	\$60.00
Hospital Doctor Consultation	\$92.00	\$62.85	\$53.45	\$0.00	\$38.55
GP Consultation out of hospital (no bulk billing)	\$36.00	\$24.50	\$20.85	\$0.00	\$15.15

Please note that where a Private Health Fund has reimbursed the “gap, no further reimbursement is available.

Further information on these limitations should be available at government offices on Health and Family Services.

# STUDENT ACCIDENT MEDICAL EXPENSE CLAIM FORM

Section 5		A	B	C	D	Office Use Only	
Date Expense Incurred	Item Description	Fee Charged	Scheduled Fee	Medicare Benefit	Health Fund Benefit	Amount Payable By A&HI	Details
<b>Totals:</b>							

Reimbursement is calculated as follows:  
**A – D** in the case of no Medicare component  
**B – C** in the case of an “in-hospital” expense, this is known as the “gap”.  
 Please note that in the case of a “gap” being paid by your Health Fund, no further benefit is claimable from Accident & Health International