

Terms and Conditions

CBHS eClaim (Fast Tracked and Standard)

Last updated **September 2024**

In addition to the Terms of Use and CBHS Health Benefit Fund Rules, the following conditions apply to the use of the CBHS eClaim facility.

Please read the CBHS eClaim (Fast Tracked and Standard) Terms and Conditions carefully. Your use of the CBHS eClaim facility signifies your acceptance of the CBHS eClaim (Fast Tracked and Standard) Terms and Conditions.

1. About eClaim

- 1.1 Using eClaim, members can submit a claim online for most Extras services claimable from CBHS.
- 1.2 eClaims are subject to the per service and overall category limits as outlined in the CBHS Health Benefit Fund Rules.
- 1.3 eClaims can be submitted provided they are not claimable via another source.
- 1.4 eClaims will only be paid for services rendered by Recognised Providers.
- 1.5 CBHS will only pay a benefit for services that have been paid in full (except for Ambulance accounts). Should you submit an eClaim for an unpaid service, CBHS reserves the right to deduct any benefit paid immediately.
- 1.6 An eClaim may only be submitted for services received within the last 24 months.
- 1.7 eClaims can only be paid by direct credit into your nominated CBHS direct credit account.
- 1.8 eClaims must include a valid receipt which includes the service provider details, item numbers and/or description of the service, date and cost of each service, amount paid, payment method, full name of patient. These details must be written in English and on the service provider's official stationery or have the service provider's official stamp.

2. Fast Tracked eClaim

- 2.1 A Fast Tracked eClaim service is a service item number that is flagged as a web claimable item.
- 2.2 For paid services, where the sum of all items flagged as a web claimable item totals less than \$500, you should typically expect to receive the benefit within 1-2 business days.
- 2.3 **You must attach a valid receipt in order to submit a Fast Tracked eClaim**

3. Standard eClaim

- 3.1 A Standard eClaim service is a service item number that is not flagged as a web claimable item.
- 3.2 For paid services, with receipts attached and irrespective of the amount, you should typically expect to receive the benefit within 3-5 business days.
- 3.3 **You must attach a valid receipt in order to submit a Standard eClaim.**
- 3.4 Alternatively, you can post, email or fax copies of the receipts. CBHS recommends retaining a copy of receipts in the event of loss during the postal process.

4. Termination of eClaim Access

- 4.1 CBHS may suspend or terminate access to your eClaim facility immediately, at its sole discretion if:
 - (a) CBHS suspects inappropriate or incorrect claims are submitted.
 - (b) CBHS suspects or determines that you have engaged in fraudulent conduct or activity in connection with your CBHS cover or in connection with your use of your online membership.
 - (c) CBHS has confirmation that submitted claims are false, receipts have been fabricated or you have used the eClaim facility for unlawful financial gain.

5. Authorisation

- 5.1 By using eClaim:
 - (a) I acknowledge that I am a Policy Holder (as defined in the Fund Rules) and I am entitled to use the CBHS Member Centre and CBHS Mobile App or I am an authorised person to submit claims.
 - (b) I declare and acknowledge the information supplied in connection with the eClaim is true and correct and you are authorised to lodge an eClaim on behalf of all dependents on the membership.
 - (c) I declare and confirm that the service/s were performed by a Recognised Provider and received by the person/s as indicated on the receipt.
 - (d) I authorise CBHS to contact the provider of any service claimed and to obtain all information required to assess, process or verify the eClaim, which may include, but is not limited to, patient records and clinical notes.
 - (e) I accept that benefits are not payable if any claim contains false or misleading information.
 - (f) I accept that if any claim is found to be false, misleading, or fraudulent, CBHS may request full reimbursement of any benefits paid.
 - (g) I confirm all details provided are true and correct and accept that I may incur penalties for intentionally giving false and misleading information.
 - (h) I acknowledge that benefits are not payable if any claim contains false or misleading information.
 - (i) I acknowledge that if any claim is found to be false, misleading, or fraudulent, CBHS may request full reimbursement of any benefits paid.

I consent and are authorised to consent to the collection, use and disclosure of all personal and health information in accordance with the CBHS Privacy Policy, which can be accessed on the CBHS website at www.cbhs.com.au/policies/privacy-policy or by calling **1300 654 123**.