

LG Health Plan

Claim for hospital excess reimbursement (submit to your HR Department)

Section 1 – Employee Details

Full Name: _____
Address: _____
Postcode: _____
Email: _____ Phone: _____
HCF Member No.: _____ Membership commencement date: ____ / ____ / ____
Employer: _____ Employee No.: _____

Section 2 – Claim Details

Person hospitalised: _____ Relationship: _____
Hospital attended: _____ HCF Claim No. (if known): _____
Date of hospital receipt: ____ / ____ / ____ Date of admission: ____ / ____ / ____ Claim amount: \$ _____

Section 3 – Important Information

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

Note: Claims for an excess refund should only be lodged **after** the hospital admission – regardless of when the excess was paid.

	Member		Authorised Officer Initial
Were you a current employee on the hospitalisation date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the original 'excess' receipt* attached to this claim form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is a photocopy of your HCF membership card attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the hospital admission date within the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

* Retain a copy for your records

Section 4 – Payment Details

The excess refund will be paid by electronic funds transfer (EFT) to the following account:

Account Name: _____ BSB: _____
Financial Institution: _____ Account No.: _____

Section 5 – Declaration

I declare the above details to be true and correct and request reimbursement of my hospital excess payment. I will provide a copy of the HCF Claims Statement upon request.

Employee Signature: _____ Date: ____ / ____ / ____

Authorised Council Officer:

The claim form is completed correctly: ☐ Yes

Name: _____ Signature: _____
Position: _____ Employer: _____
Phone: _____ Date: ____ / ____ / ____



Forward to: LG Health Plan
Local Government Association of Queensland
PO Box 2230
Fortitude Valley BC Qld 4006

