

AIDS AND APPLIANCES FORM

UPDATED JUNE 2024

CHECKLIST

- Check that the aid or appliance you are going to purchase is approved by Teachers Health for benefit purposes
- Complete this form in conjunction with your treating medical practitioner or allied health provider
- Purchase your approved aid or appliance
- Submit your claim ensuring that all declarations are signed and that the original accounts or receipts are attached
- Leaving a section blank or without the required information may delay the processing of your claim

IMPORTANT INFORMATION - PLEASE READ

Am I eligible to claim a benefit for my aid or appliance?

The benefit for aids and appliances is only available to members holding Top Extras cover, providing practical support to help manage a health or medical condition. Visit teachershealth.com.au or call 1300 728 188 for a list of approved aids and appliances and to find out the benefits available and calendar year or other limits applicable.

Benefits are not payable for aids or appliances purchased from overseas or for second-hand aids.

Benefits are not payable where the cost of the aid or appliance can be claimed through another source (e.g. Medicare or other government assistance programs).

What is the waiting period for the aids and appliances benefit?

Waiting periods vary according to the aid or appliance. The waiting period is 2 months for the following aids and appliances:

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|--------------------------------------|----------------------------------|
| • Blood glucose monitors | • Surgical stockings |
| • Blood pressure monitors | • Surgical shoes |
| • Breast pumps | • Surgical braces |
| • Nebulisers | • Compression garments |
| • Tens machines | • Pregnancy compression garments |
| • Allergy covers for mattress/pillow | • Wigs |
| • Crutches | |

The waiting period is 12 months for the following aids and appliances:

- Hearing aids
- CPAP machines

The waiting period is 24 months for wheelchairs.

How often does this form need to be completed and provided to the Fund?

To continue claiming this benefit you must submit a new Aids and Appliances form every 12 months.

Can I claim the cost of getting this form completed?

Costs incurred for the completion of this form by your treating medical practitioner or other allied health provider are not covered by Teachers Health.

Specific requirements for benefit payment – compression garments

Compression garments means compression garments used for the treatment of lymphoedema, or the treatment of vascular conditions, or to minimise scarring following severe burns, or prescribed post-surgery.

Pregnancy compression garments means TGA-approved devices, designed to assist in pregnancy and postpartum recovery.

The garment and grade of compression required must be properly assessed and individualised to the patient's specific needs.

How do I claim this benefit?

- | | |
|---------------|--|
| Step 1 | Check that the aid or appliance you are going to purchase is approved by Teachers Health for benefit purposes |
| Step 2 | Complete this form in conjunction with your treating medical practitioner or allied health provider |
| Step 3 | Purchase your approved aid or appliance |
| Step 4 | Submit your claim ensuring that all declarations are signed and that the original accounts or receipts are attached. Leaving a section blank or without the required information may delay the processing of your claim. |

Accounts or receipts

Accounts or receipts should be on the provider's official letterhead or be stamped with the provider's stamp. All accounts must be itemised showing the following information:

- Name of the provider
- Address of the provider
- Name of the patient/person the aid or appliance is for
- Description of the aid or appliance
- Date the aid or appliance was purchased
- Cost of the aid or appliance
- Whether the aid or appliance has been paid for

Cash register docket, copies of bank statements or credit card receipts are not accepted documents for making claims. You should ask the provider to supply you with a receipt as outlined above.

A. DETAILS OF CLAIMANT

Member number

Date of birth

Given names

Surname

Is there any entitlement for Workers Compensation, Third Party Insurance or other damages? ☐ Yes ☐ No

If yes, please download and complete the Accident and Injury Form at teachershealth.com.au

B. TO BE COMPLETED BY YOUR HEALTH PRACTITIONER

(e.g. GP, medical specialist, physiotherapist, chiropractor, occupational therapist, podiatrist)

Practitioner name

Provider number

Phone number (including area code)

Postcode

Please indicate the aid or appliance that is being prescribed for the patient

Please indicate the patient's medical condition that will be managed through (or that requires) the use of the aid or appliance (please see overleaf for requirements to be addressed for specific aids and appliances).

If applicable, please indicate previous years to which this recommendation applies.

Declaration (to be completed by your health practitioner)

I declare that the aid or appliance prescribed for the above mentioned patient under my care is required to manage the specific health condition listed above and all the information I have provided is true and correct.

Signature

Date

C. DECLARATION - TO BE COMPLETED BY CLAIMANT

I declare that:

- The documents attached, supporting this claim, are for services rendered to myself or a dependant listed on my membership, and
- The information I have provided is true, complete and correct, and
- I understand that extras benefits cannot be claimed from Teachers Health that have been or will be claimed from another source (Medicare or other government assistance programs), and
- I authorise Teachers Health to contact any medical practitioner or provider to supply information to enable this claim to be processed, and
- I acknowledge that a benefit may not be payable or may be reduced if the appropriate level of cover is not held, if applicable waiting periods have not been served, annual or other limits have been reached, the Aids and Appliances form is more than 12 months old, or the aids or appliances claimed are not payable under the Teachers Health Fund Rules.

Signature

Date

WHAT NEXT? Once form is completed please attach receipts and send to **GPO Box 9812, Sydney NSW 2001** or **submitclaim@teachershealth.com.au**

Privacy Policy: Teachers Health respects your privacy and is committed to managing and protecting your personal and health-related information in accordance with relevant legislation in Australia. If you would like to find out more about Teachers Health's privacy policy, visit teachershealth.com.au/privacy. Teachers Federation Health Ltd ABN 86 097 030 414 trading as Teachers Health. A Registered Private Health Insurer.