



# Your Member Guide

This is an important document. Please read it carefully and retain for future reference.

Effective: 1 January 2020



# Welcome to Doctors' Health Fund

**Welcome to the health fund that is dedicated to serving the health insurance needs of the medical community.**

This guide is designed to help our members understand their Doctors' Health Fund membership and other important private health insurance information.

If you'd like to find out even more, visit the Doctors' Health Fund website at [www.doctorshealthfund.com.au](http://www.doctorshealthfund.com.au), email us at [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au) or call us on 1800 226 126. We are always happy to explain things or provide help for your individual circumstances.

As you have just joined, here are a few handy tips:

1. Review your welcome letter and details of cover to ensure all information is correct.
2. Access our Online Member Services to manage your policy online. Visit our website, navigate to 'Member Login' and click 'Register New User' to get started.
3. Download our Member app for Apple or Android smart devices to enjoy fast and simple claiming from your smart device. To download the app, search for Doctors' Health Fund in your device's store.
4. Make sure we have your email address so that we can communicate with you quickly and easily. You can update your contact details and communications preferences through Online Member Services.
5. Contact us by emailing [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au) or call us on **1800 226 126** if you have any questions. Your calls are answered swiftly (97% within 30 seconds in business hours) and we provide personal, professional service with an overall member satisfaction rating of 94%\*.
6. For the most up to date product information refer to our website [www.doctorshealthfund.com.au](http://www.doctorshealthfund.com.au)



\*The Doctors' Health Fund Satisfaction Research Report 2018.

# Online Member Services



Our Online Member Services provides easy access to manage all aspects of your policy in one place - on a desktop or mobile device. Here's what you can do once you've registered your details and log in:

- View your cover with a simple breakdown of your membership details and the services you are covered for
- Invite your spouse/partner to create their own personal log-in
- Set up and manage direct credit details for receiving benefit payments
- Update your contact details
- Easily view your extras usage and remaining limits
- Keep track of any waiting periods that may be applied to your policy
- Make a premium payment or update your method of payment
- Request a new membership card
- Download important policy-related documents such as your annual Private Health Insurance tax statement
- Submit a claim in seconds

You'll also find the following useful information on our website:

- Finding a hospital: View the hospitals we have contracts with
- Finding a doctor: Search for doctors participating in the Access Gap Cover Scheme
- Information on all our Hospital and Extras products
- Things to know about going to hospital
- Guidelines on how to claim
- Health insurance industry information
- Access to our quarterly member newsletter VitalSigns. Keep up to date with important health fund updates, helpful policy information and interesting health industry news stories.

# Making the most of your cover

Here are a few things you can do to ensure you get the most out of your cover.

- Check to make sure you're aware of any relevant waiting periods (you can find these in your hospital or extras cover guides)
- Make sure you're aware of any exclusions or restrictions on your cover (you can find these in your hospital or extras cover guides)
- Check you are covered for what you need
- If you're going to hospital, go to a Doctors' Health Fund contracted hospital. There will be significant out-of-pocket expenses at a non-contracted hospital. You can find a contracted hospital on our website at [www.doctorshealthfund.com.au/find-provider/find-hospitals](http://www.doctorshealthfund.com.au/find-provider/find-hospitals)
- If you chose Prime Choice Gold Hospital or Smart Starter Bronze Plus Hospital, check if your doctor will participate in Access Gap Cover – this can help minimise out-of-pocket expenses. To find doctors who participate in this gap scheme you can use the Doctor Search facility on our website at [www.doctorshealthfund.com.au/find-provider/find-doctor](http://www.doctorshealthfund.com.au/find-provider/find-doctor)
- To claim extras on the spot, swipe your member card at participating HICAPS providers
- You can also claim extras using our mobile member app
- Check the details of applicable Australian Government incentives as they can help with the cost of premiums (details on page 14-15)



# If you switched insurers

To ensure continuity of cover you would have needed to join Doctors' Health Fund within 60 days of cancelling your membership with your previous health insurer. Here are some of the important aspects of switching your cover that you need to be aware of.

## Continuity of cover

The fund you leave must provide a transfer certificate within 10 business days. The certificate includes information about:

- the waiting periods you have served
- the insurance product or level of cover you have been on
- any Lifetime Health Cover loading
- the remaining amount of your extras limits transfer

## How waiting periods are applied when transferring

If you are switching from another cover that has comparable benefits and conditions, you may not need to serve relevant waiting periods again.

We will contact you once we have received the transfer certificate which should be in approximately 10 business days.

If you are new to health insurance, you will have to serve relevant waiting periods before you can claim for all services.

## Loyalty Limits and Benefits

Some health funds allow members to accrue loyalty benefits or increases to their annual extras limits based on their years of membership with that fund.

Only your orthodontic limits and benefits earned or used with your previous health insurer will transfer over to Doctors' Health Fund with you.

All benefits, limits and excesses used with your previous fund will be taken into consideration when paying claims in the first calendar year of joining.



## Keeping your student dependants covered

Your children can be covered by your family membership up to the age of 21.

If they are a student dependant, they can continue to be covered by the family's membership up to the age of 25. A person can be a dependant under a family, or single parent family policy where that person:

- is the child, stepchild or foster child of the policy holder; and
- does not have a partner; and
- is under 21 years of age; or
- between 21 and 24 years of age (inclusive) and is a full-time student at a school, college or university

To continue a student dependant's cover under the family membership a confirmation of their status needs to be received by Doctors' Health Fund each year. We contact all members with dependants over 21 years of age requesting the details needed to continue their cover.

If a response is not received by the date requested the dependant will no longer be covered on the policy.

Any dependant coming off their family's cover is eligible to take out their own cover with Doctors' Health Fund. They must join within 60 days in order to continue their cover so they do not have to serve waiting periods again.





## Additional member benefits

Doctors' Health Fund have no preferred provider arrangements, giving our members flexibility to choose their own extras providers. There are however some discounts available for those who shop at retailers listed below.

### Optical Discounts

Optical benefit limits within your chosen extras cover are the same irrespective of whichever provider you choose. Doctors' Health Fund members with extras cover have access to the following optical retailer discounts.

For the member discount code, please visit  
[www.doctorshealthfund.com.au/optical-discounts](http://www.doctorshealthfund.com.au/optical-discounts)

#### Clearly.com.au

- 20% off the price of all lenses (excluding contact lenses and sunglasses)
- 12% discount off the price of all contact lenses (excluding solutions)
- Free shipping

Applies to any online purchase where the starting price is \$99 or more.

#### Eyebenefit

- 20% off one pair of complete glasses (frames and lenses)
- 15% off lenses only
- 10% off contact lenses

A range of independent owner-operated optical practices. Visit the Eyebenefit website to find locations near you –  
[www.eyebenefit.com.au/find-a-member.html](http://www.eyebenefit.com.au/find-a-member.html)

#### OPSM, Laubman & Pank

- 20% off lenses and lens add-ons (e.g. UV coating)
- 15% off non-prescription sunglasses
- 10% off contact lenses purchased at retail stores
- 5% off contact lenses purchased online from  
[www.opsmdirect.com.au](http://www.opsmdirect.com.au)

Visit OPSM website – [www.opsm.com.au](http://www.opsm.com.au)

Visit Laubman & Pank website – [www.laubmanandpank.com.au](http://www.laubmanandpank.com.au)

## Specsavers

- 25% off one pair of complete glasses (frames and lenses) from the \$149 and above range purchased at retail stores
- 20% discount on all extras such as sun tints, UV filter, transition lenses

Visit Specsavers website – [www.specsavers.com.au](http://www.specsavers.com.au)

## VSP Vision Care

- a free second pair of prescription glasses if you spend \$300 or more\*
- access to a wide range of No Gap glasses between \$120 and \$299, depending on your available limit\*\*
- 20% off all lens add-ons
- 15% off all in-store contact lenses

Visit the VSP website to find locations near you –

[www.vsp-australia.com.au](http://www.vsp-australia.com.au)

\*The free pair of glasses includes a frame from the \$149 designer range and basic single vision, hard coated, scratch resistant and UV protective lenses. Does not have to be same prescription as the first pair and can be for another person.

\*\*Cannot be used in conjunction with the free second pair of prescription glasses offer.



# Managing your premiums

There are several ways Doctors' Health Fund members can pay their health insurance premiums. These include:

## Direct Debit

- paying via credit card – we accept Visa and Mastercard payments
- your bank account

## Billing

- paying using our phone payment option where members can make secure credit card payments 24 hours a day, 7 days a week
- calling us on **1800 226 126** to speak to our Member Services team.

If you pay annually in advance you can receive a 2.5% discount on your premiums.

If at any time you wish to change your payment method or if your credit card expires you can call us on **1800 226 126** or update your new details in Online Member Services.

If you're paying by direct debit, your first payment will be deducted from your account in accordance with your chosen payment frequency. We'll send you an SMS before your next payment is deducted.

You are not covered if your contributions are more than 2 months in arrears.

Many of our members choose to set up automatic payments or direct debit, from their bank account or credit card. This ensures their cover stays in place. If something goes wrong with a payment transfer we will be in contact with you.

With automatic payments, your authorisation also covers any premium price changes. We will send you notice of any premium price changes before they happen.

# Managing your membership

Whether you're moving house, getting married or switching banks, it's easy to update your membership details through Online Member Services. You can also email or call us and our friendly Member Services Team will be able to help you.



## Membership authority and adding or removing people

### Policy Holder

All correspondence that we send will be addressed to the policy holder. The policy holder can add or remove others from the policy and obtain information about claims made on the policy.

### Partner/Spouse Authority

Your partner or spouse on the policy has the right to make changes provided that it is not detrimental to the policy e.g. downgrading the cover.

If you separate from your partner, the partner who is not the policy holder may remove themselves from the policy and take out a new policy. Your partner, and any dependants aged 16 years and older, can request that their information be kept private on the membership.

### Third Party Authority

You can nominate to have an adult as an authorised third party to access information on the policy.

## Change of address

Please notify us within two months of changing your address. Our premiums vary from state to state so we may also need to adjust your premium.

## Changing level of cover

You can change your level of cover at any time. Call us on **1800 226 126** to talk through the best options for you. When upgrading, you'll still be entitled to the benefits of your previous level of cover during the waiting period.

## Additional/replacement cards

To request additional or replacement cards, just give us a call or log on to Online Member Services. If you misplace your card, notify us immediately so that we can cancel it and issue a new one.

## Suspending your membership

You may suspend your cover if all people on your membership travel overseas for a minimum of 1 month. It is important that you notify us of your situation prior to departing and ensure that your premium payments are made up to the day prior to departing.

One of the following proof of travel documents are required:

- itinerary; or
- boarding pass; or
- ticket

To avoid additional waiting periods, your membership should be reactivated within one month of returning. Please note that benefits are not payable for treatment received during the period of suspension.

By suspending your membership, you may be affected by the Medicare Levy Surcharge, please refer to page 15.

## Cancelling your membership

To cancel your membership, please call us on **1800 226 126** or email us at [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au). If you have already joined a new health fund, they will contact us.

## Cooling off period

If for any reason you change your mind within the first 30 days of joining and have not made a claim, simply call us on **1800 226 126** or email us at [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au) and we will cancel your policy and refund any premiums you have paid.

# Government Initiatives

To encourage Australians to protect themselves with private health insurance, the Australian Government introduced a range of initiatives and programs.

Please review your information regarding these incentives to ensure you are receiving your maximum entitlements.

If your circumstances change please contact us on **1800 226 126**.

## Australian Government Private Health Insurance Rebate

Australians who take out private health insurance cover are eligible to receive a rebate from the Government to help cover the cost of their premiums.

This rebate, known as the Private Health Insurance Rebate, is income-tested. The income utilised in applying the income test is associated with your 'status' as at the 30th of June. That is if you were single, had a spouse or were a single parent at 30th of June then this is the threshold applied to your Private Health Insurance Rebate.

A person may claim the Private Health Insurance Rebate if they:

- are eligible for Medicare;
- have a residential hospital cover, an extras cover (also known as ancillary cover) or both; and
- have an income for Medicare Levy Surcharge (MLS) purposes

From 1 July 2015 the income thresholds used to determine a person's eligibility for the Rebate are based on the following table.

	Base Tier	Tier 1	Tier 2	Tier 3
Singles	\$90,000 or less	\$90,001 - 105,000	\$105,001 - 140,000	\$140,001 +
Families or Couples	\$180,000 or less	\$180,001 - 210,000	\$210,001 - 280,000	\$280,001 +

The Rebate percentages are adjusted annually on 1 April based on the Rebate Adjustment Factor. The current percentages are as follows.

### Private Health Insurance Rebate effective from 1 April 2019 to 31 March 2020

	Base Tier	Tier 1	Tier 2	Tier 3
Under 65	25.059%	16.706%	8.352%	0%
65 – 69	29.236%	20.883%	12.529%	0%
70+	33.413%	25.059%	16.706%	0%

There are two ways you can claim your rebate:

- as a premium reduction through Doctors' Health Fund. To do this you should contact us on **1800 226 126**
- as a tax offset when lodging your annual tax return. For more information, visit the Australian Taxation Office website at [www.ato.gov.au](http://www.ato.gov.au) or call **132 861**

## The Medicare Levy Surcharge

This is levied on payers of Australian tax who do **not** have private hospital cover and who earn above a certain income.

The surcharge is calculated at the rate of 1% to 1.5% of your income. It is in addition to the Medicare Levy of 2%, which is paid by most Australian taxpayers.

### The Medicare Surcharge levels applicable from 1 April 2018 to 31 March 2020

Base Tier	Tier 1	Tier 2	Tier 3
Singles: ≤\$90,000	Singles: \$90,001-105,000	Singles: \$105,001-140,000	Singles: ≥\$140,001
Families or couples: ≤\$180,000	Families or couples: \$180,001-210,000	Families or couples: \$210,001-280,000	Families or couples: ≥\$280,001
0.0%	1.0%	1.25%	1.5%

To work out your annual income for MLS and Rebate purposes, you can refer to the Australian Taxation Office's Private Health Insurance Rebate Calculator or contact the ATO directly on **132 861**.







## Lifetime Health Cover

Lifetime Health Cover (LHC) is a Government initiative designed to encourage people to take out hospital insurance earlier in life and to maintain their hospital cover. It does not affect extras cover.

It works in the following way.

If you did not have hospital cover with an Australian registered health fund such as Doctors' Health Fund on your Lifetime Health Cover base day and then decided to take out hospital cover later in life, you pay a 2% loading on top of your insurance premium for every year you are aged over 30.

In most cases, your Lifetime Health Cover base day is the later of 1 July 2000 **or** the 1st of July following your 31st birthday.

For example, if you first took out hospital cover at age 40 you pay 20% more than someone who first took out hospital cover at age 30.

Once you have paid a LHC loading on your private health insurance for 10 continuous years the loading is removed.

Your loading will remain at 0% as long as you retain your hospital cover; or, if you cancel your cover after the loading is removed, as long as you do not exceed your permitted days without hospital cover.

Visit [www.privatehealth.gov.au/information/surcharges/lifetime.htm](http://www.privatehealth.gov.au/information/surcharges/lifetime.htm) for detailed information about how Lifetime Health Cover works and the LHC exemption categories. Alternatively, you can email us at [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au) or call to speak to one of our Member Services specialists on **1800 226 126**.

## Discounts for 18 to 29 year olds

From 1 April 2019, Doctors' Health Fund is supporting the Australian Government's new discounts for 18-29 year olds to encourage more young people to protect themselves with private health insurance. If you are aged 18 to 29 when you take out private health insurance, you can save up to 10% a year on your hospital premium until you turn 41.

The table below outlines the discount you may be eligible for based on your age at 1 April 2019. The discount applies until you turn 41, after which it reduces by 2% per annum until you are 45 years old:

Age	Discount
18-25	10%
26	8%
27	6%
28	4%
29	2%
30	0%

# The Private Health Insurance Code of Conduct



The Doctors' Health Fund is a signatory to the Private Health Insurance Code of Conduct and agrees to be bound by it.

The Code is designed to help you by providing clear information and transparency in your relationships with health funds.

The Code covers four main areas of conduct in private health insurance:

1. Ensuring you receive the correct information on private health insurance from appropriately trained staff;
2. Ensuring you are aware of the internal and external dispute resolution procedures available in the event that you have a dispute with a private health insurance fund;
3. Ensuring policy documentation contains all the information you require to make a fully informed decision about your purchase and that all communications between you and your fund are conducted in a way that the appropriate information flows between the parties. This includes staff, agents and brokers who from time to time may interact with you; and
4. Ensuring that all information between you and your fund is protected in accordance with national and state privacy principles. You can view the Code of Conduct at [www.privatehealthcareaustralia.org.au/codeofconduct/](http://www.privatehealthcareaustralia.org.au/codeofconduct/)



## Privacy policy

### Who we are

In this Privacy Policy "we", "our", and "us" refers to Avant Mutual Group Limited ABN 58 123 154 898, and each of its related entities including Avant Insurance Limited ABN 82 003 707 471 AFSL 238765, The Doctors' Health Fund Pty Limited ABN 68 001 417 527 and Doctors Financial Services Pty Ltd ABN 56 610 510 328. We offer professional indemnity insurance, health insurance, life risk insurance and other general insurance products and services as well as member services. We may maintain additional rules, practices and policies, which are consistent with this Privacy Policy.

### Purpose

We are committed to protecting the privacy of your personal information and to handling your personal information in accordance with the Privacy Act 1988 (Cth) (the "Privacy Act") and the Australian Privacy Principles.

This Privacy Policy explains how and why we collect, use, hold and disclose your personal information.

This Privacy Policy is current from August 2016. From time to time we make changes to our policies, processes and systems. We will update this Privacy Policy to reflect any changes to how we handle your personal information. This Privacy Policy applies to you only to the extent that the collection and handling of your personal information by us is subject to the Privacy Act.

### Collection

Personal information is information or an opinion (regardless of its accuracy or form) about an individual, or from which the identity of a person is reasonably identifiable. The personal information collected and stored by us about you (and other people) may include your name, residential and email address, date of birth, gender, health information, details of claims, complaints, incidents and proceedings regarding you or others covered on your policy, credit card and direct debit details, your claims and insurance history and status, practice details, education details and contact details. When you apply for or we need to facilitate a specific product or service, we may also collect information from you related to that product or service.

You are not required to give us your personal information. However, we may not be able to provide you with the products or services that you request of us without your personal information.

We collect your personal information from you in various ways, such as over the phone, in person at one of our offices, via email and over the internet if you transact with us online. We collect your personal information when you apply for products or services we offer, become a member or renew your membership, report an incident, complete questionnaires, have telephone conversations with us or otherwise transact with us.

## Collection of personal information from you

Where necessary, we may also collect your personal information from someone else, such as:

- If you are a patient, your health practitioner;
- If you are covered under one of our policies as a dependant, the policy holder; or
- If you are named under one of our joint policies (e.g. a family policy) one of your joint policy holders.

If you provide information to us about another person, then you are responsible for both obtaining that person's permission to disclose their personal information to us, and telling the other person that you have provided information about them to us. You should also tell them who we are, that they may access their personal information, and that we will treat their personal information in accordance with this Privacy Policy.

If you are a policy holder and there are other persons covered on your policy, then unless we are notified otherwise, we may disclose the personal information of all persons covered on the policy to you. Likewise, we may disclose your personal information to your joint policy holders and to any other person who you have authorised to have access to your policy.

If you are a health practitioner, we recommend you check that your place of work has a privacy policy in place and a notice displayed which informs patients that they may, from time to time, pass on personal information about patients to us.

## Collection of sensitive information

If you apply for health insurance membership, for certain insurance products, for services such as medico-legal advice or risk advice, or make a claim under a policy, we may need to collect sensitive information about you.

In administering policies and providing services to you, we may also need to collect sensitive information about your patients if you are a health practitioner, or the other persons covered on your policy if you hold a policy with us. Depending on the policy or service, this sensitive information may include details about income, health and medical issues, and criminal history.

If we collect sensitive information about you, we do so in accordance with the Australian Privacy Principles. In this Privacy Policy, a reference to personal information includes sensitive information.

## Collection of your personal information from third parties

Whenever possible, we collect your personal information from you. However, there may be occasions when we collect personal information about you from someone else. For example, you may apply for a product or service through a broker, corporate group, association or financial adviser.

We may also obtain information about you from other insurers if, for example, we need to obtain details of prior claims, and our related entities. We may also obtain information about you from medical providers, government bodies or other professional experts in order to provide you with a policy or assess or facilitate a claim you make.

Irrespective of the source of the information, we respect and protect the privacy of personal information in accordance with this Privacy Policy.

## Use

We will only use your personal information in accordance with the Privacy Act and the Australian Privacy Principles, including with respect to the purposes for which it is collected, to provide, administer and improve our products and services, and for marketing purposes. For example, if you apply for membership or insurance with us, we may collect and use your personal information to:

- assess your application
- underwrite and price any policy
- issue and administer any policy
- provide assistance, legal advice and legal defence
- provide risk management and education services
- provide medico-legal and ethical advice
- investigate, assess and pay any claim made by or against you under your policy
- contact you as necessary on issues relating to your insurance or our services
- process your survey responses for the purpose(s) notified in the survey, and
- any other purpose identified at the time of collecting your information.

We also need to collect, use and store your personal or sensitive information so that we can answer any questions you may have regarding our products or services.

Personal information will only be handled for purposes notified to you, purposes that you would reasonably expect, any purpose that you consent to (including consent provided under this Privacy Policy) or as otherwise required by law.

## Sharing and disclosure of your information

In providing and administering our insurance and other member services, we may need to disclose your personal information to third parties including our distributors, agents and brokers, other insurers and reinsurers, solicitors, professional advisers, actuaries, government regulatory bodies, tribunals, courts of law, hospitals, doctors and other ancillary providers, debt collection agents and those involved in managing corporate risk or strategies. We may also disclose personal information to our related entities (this excludes sensitive information, except where it is in de-identified form, unless you have consented to disclosure to related entities).

We may disclose information about you to outside contractors in connection with carrying out activities on our behalf, for example such contractors may include a mailing house, marketing agencies, technology or other service providers, solicitors or debt collection agencies. We impose security and confidentiality requirements on how they handle your personal information.

Outside contractors are required not to use information about you for any purpose except for those activities we have asked them to perform. We may disclose your personal information in an emergency, investigation of suspected criminal activity or where we are otherwise authorised or required by law.

We may occasionally need to transfer or disclose your personal information to a foreign country, including the United Kingdom and the United States of America to administer a claim or incident relating to your policy, provide you with products and services or manage our relationship with you. You acknowledge that disclosure to third party service providers located overseas may be required, and should this be necessary we will use reasonable endeavours to ensure that the recipient will not hold, use or disclose that information in a manner which is inconsistent with the Privacy Act and Australian Privacy Principles.

We may also from time to time provide de-identified statistical data to third parties for research purposes.

By entering into this agreement, you agree that The Doctors' Health Fund's strategic partner, the Australian Health Service Alliance ("AHSa") may collect your personal information, including your health information ("your information") and use your information and/or disclose it to The Doctors' Health Fund or your health service provider, for the purposes of providing health services to you and/or managing the funding of those services, or as required by law.

AHSa's privacy policy, at [www.ahsa.com.au/web/ahsa/privacy\\_policy](http://www.ahsa.com.au/web/ahsa/privacy_policy) provides its contact details and explains how you may access and correct your information, or make a complaint.

## Receiving marketing material from us

It is our aim to provide you with a range of leading products and services offered by us and our related entities. To do this, we use the information that you provide to us for market research purposes so we can better understand your needs. We then provide you with information, marketing materials, and related publications by phone, text message, postal mail or email about products and services that we believe will be of interest to you, as well as access to offers and competitions. In particular, we may contact you about products and services we think may be of interest to you after you cease to hold an insurance policy with us. For example, we might contact you about renewing your old policy or taking out a new policy.

We may share your personal information on a confidential basis with our related entities so that they can also offer you products and services. Direct marketing will not contain any of your sensitive personal information. We provide you with a choice to opt out of our marketing activities, and will respect your request not to receive marketing material from us. If you do not wish to receive marketing material from us, we ask you to contact us and our related bodies corporate at any time or follow the opt out instructions provided in the marketing communication. You should inform us if you do not want your personal information to be used and disclosed for marketing purposes. We will implement your request as soon as we can, and apologise if you do receive any materials during the intervening period.

## Security

We endeavour to keep personal information safe by taking all reasonable precautions to protect personal information from misuse, loss and unauthorised access, modification or disclosure. Our staff receive training and information on the Australian Privacy Principles and the Privacy Act.

We keep your information so that we can continue to provide the products and services you have requested from us.

## Accessing, updating, complaints and questions about personal information

We will take reasonable steps to ensure that the information we hold about you is accurate, complete and up-to-date.

For access to personal information we hold about you, if you believe that the information we have about you is not accurate, complete or up-to-date, or if you have a complaint or question about the privacy of your personal information, we ask that you contact us:

The Privacy Officer  
Avant Mutual Group Limited  
PO Box 746  
Queen Victoria Building NSW 1230  
[privacy@avant.org.au](mailto:privacy@avant.org.au)  
**1800 128 268**

We will, wherever possible, allow you access to the information we hold about you and correct that information if it is wrong.

We do not charge a fee to give you access to your personal information. However, we reserve the right to do so depending on the nature and extent of your request. If we decline a request for access, or refuse to update information, we will provide you with written notice of the reasons together with an outline of the procedure that you can follow to have this decision reviewed. No costs will be associated with this request.

Upon receipt of a complaint we will consider the complaint and attempt to resolve it in accordance with our complaints handling procedures. We will endeavour to promptly respond to your questions, concerns or complaints. We will also endeavour to resolve any concerns or complaints which you may have to your satisfaction within 45 days, unless an extension is required.

If you are dissatisfied with our handling of a complaint or the outcome you may make an application to the Australian Information Commissioner. The Australian Information Commissioner will make a determination in accordance with the Privacy Act and the Australian Privacy Principles.

## Changes to this Privacy Policy

We reserve the right to review, and if necessary, make amendments to this Privacy Policy at any time and notify you by posting an updated version of the policy on [www.avant.org.au](http://www.avant.org.au) and [www.doctorshealthfund.com.au](http://www.doctorshealthfund.com.au). Such amendments will take effect from the date of publication on the website.

You can read more about our Privacy Policy online at [www.doctorshealthfund.com.au/privacy-policy](http://www.doctorshealthfund.com.au/privacy-policy)



## Problems and complaints

Doctors' Health Fund has systems and procedures in place to log, monitor and report complaints.

In order to clarify the exact nature of the grievance, it usually preferable for the complainant to put the complaint in writing. All complainants must be sent an acknowledgement of receipt of their complaints.

Complainants may make complaints in whichever way they feel most comfortable:

- by email to [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au)
- letter to PO Box Q1749, Queen Victoria Building, Sydney NSW 1230
- telephone on **1800 226 126** or fax **02 9260 9958**

Where unresolved immediately, the complainant should be advised that they will be contacted within three business days of receiving the complaint, to be informed of the resolution or the progress of their complaint.

The complaint must, where practicable, be resolved within 10 business days. In any event, the complaint must be resolved within 45 days from the date of receipt of the complaint.

The complainant must be informed of the criteria and complaints resolution process, including the avenues for further review through the PHIO. Contact details for the PHIO are provided at the end of this policy.

Where possible, complaints should be reviewed by a staff member who has not been involved in the matter. Ideally, if the complaint is about the quality of service, the CEO should independently review the complaint.

Where complaints cannot be resolved internally, complainants retain the right to refer the complaint to:

The Private Health Insurance Ombudsman (PHIO)  
Hotline: **1300 362 072** (option 4 for Private Health Insurance)

Website: [www.ombudsman.gov.au](http://www.ombudsman.gov.au)  
Email: [phio.info@ombudsman.gov.au](mailto:phio.info@ombudsman.gov.au)  
Fax: **(02) 6276 0123**

Post:  
Private Health Insurance Ombudsman  
Office of the Commonwealth Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

# Direct Debit Request Service Agreement

## Definitions

**Account means the** account held at your financial institution from which we are authorised to arrange for funds to be debited.

**Agreement means** this direct debit request service agreement between you and us.

**Business day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**Debit day** means the day that payment by you to us is due.

**Debit payment** means a particular transaction where a debit is made.

**Direct debit request** means the direct debit request between us and you.

**Us or we** means the State Debt Recovery on behalf of the Office of State Revenue, which you have authorised by signing a direct debit request.

**You** means the person named on the penalty notice and who has agreed to the direct debit request.

**Your financial institution** is the financial institution where you hold the account that you have authorised us to arrange to debit.

## 1. Debiting your account

- 1.1** By agreeing to a direct debit request, you have authorised us to arrange for account funds to be debited to your account. You should refer to the direct debit request and this agreement for the terms of our arrangement.
- 1.2** We will only arrange for funds to be debited to your account as authorised in the direct debit request.
- 1.3** If the debit day falls on a day that is not a business day, we will direct your financial institution to debit your account on the next business day. If you are unsure about which day your account has or will be debited, you should ask your financial institution.

## 2. Changes by us

- 2.1** We will only vary any details of this agreement or a direct debit request after giving you at least fourteen (14) days written notice.
- 2.2** We will automatically cancel your direct debit request once:
  - your penalty notice has been paid in full
  - your penalty notice is subject to a penalty notice enforcement order.

## 3. Changes by you

- 3.1** You may change the arrangement under a direct debit request by contacting us on **1800 226 126**.
- 3.2** You may also cancel your authority for us to debit your account at any time by calling the direct debit automatic hotline on **1800 226 126** and using your direct debit receipt number provided to you at the time of entering into your direct debit request. You must cancel at least 24 hours before the next debit day.

## 4. Your obligations

- 4.1** It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.
- 4.2** If there are insufficient clear funds in your account to meet a debit payment:
  - you may be charged a fee and/or interest by your financial institution

- you may incur fees or charges imposed or incurred by us
- you must arrange for the debit payment to be made by another method to ensure you do not fall behind in your agreement.

**4.3** You should check your account statement to verify that the amounts debited from your account are correct.

## 5. Dispute

**5.1** If you believe there has been an error in debiting your account, you should notify us directly on **1800 226 126** and confirm that notice in writing as soon as possible so that we can resolve your query quickly.

**5.2** If we conclude, as a result of our investigations, that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

**5.3** If we conclude, as a result of our investigations, that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

**5.4** Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter. If we cannot resolve the matter, you can still refer it to your financial institution which will obtain details of the disputed transaction and may lodge a claim on your behalf.

## 6. Accounts

**6.1** You should check:

- with your financial institution whether direct debiting is available for your account as direct debiting is not available on all accounts offered by financial institutions
- with your financial institution if additional fees and charges may be incurred by you as a result of this direct debit agreement
- the account details you have provided to us are correct by checking them against recent account statements.

## 7. Confidentiality

**7.1** We will keep all information in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

**7.2** We will only disclose information that we have about you:

- to the extent specifically required by law
- for the purpose of this agreement (including disclosing information in connection with any query or claim).

# Contact us



### Phone

1800 226 126  
Monday to Friday  
8:30 am to 6:00 pm AEDT/AEST



### Web

[www.doctorshealthfund.com.au](http://www.doctorshealthfund.com.au)



### Email

[info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au)



### Postal Address

PO Box Q1749, Queen Victoria Building  
Sydney NSW 1230



**The Doctors' Health Fund Pty Ltd**

A private health insurer

ABN 68 001 417 527

Postal Address:

PO Box Q1749

Queen Victoria Building

Sydney NSW 1230

**Freecall: 1800 226 126**

Web: [www.doctorshealthfund.com.au](http://www.doctorshealthfund.com.au)

Email: [info@doctorshealthfund.com.au](mailto:info@doctorshealthfund.com.au)