

## **CLAIMS PROCESS**

Corporate Services Network (CSN) act on behalf of General Insurers with respect to handling claims made under Accident & Health Insurance Policies.

### **Claim Form Submission**

Members can submit completed claim forms via;

- Email: [Claims@csnet.com.au](mailto:Claims@csnet.com.au)
- Through an appropriate Web Portal
- Fax: 02 8256 1775
- Regular Mail
  - Corporate Services Network  
GPO Box 4276  
SYDNEY NSW 2001

To Assist us in prompt processing of your claim, please ensure the following;

- The description of the loss is clearly specified on the claim form. i.e. Please state the medical condition as opposed to "Medical Consultation". We must know the nature of the problem in order to best adjudicate the claim.
- Receipts and all associated documentation are attached to each claim. This will prevent request for further documentation.

### **Claim Acknowledgement**

We will acknowledge receipt of claim immediately, responding with a reference number.

The claim will be registered within 3 business days of acknowledgement and the member will be advised of a Claim Number. This number should be used to correspond with CSN.

### **Claim Assessment**

The claim will be assessed within 10 business days of Claim registration.

The member will be advised of acceptance, denial or whether further information is required for their claim within this timeframe.

### **If Further Information is Required**

We will;

- Notify the member of the information required.
- Notify the member of any appointed external expert/investigator, if necessary, for the claim.
- Provide an initial estimate of time required to make a decision on your claim.

We will keep you updated on the progress of your claim every 20 business days. This is either verbal or written correspondence.

We will action all correspondence within 10 business days of receipt. If a substantive reply cannot be provided within 10 business days, a written explanation is to be given indicating when such a reply may be expected.

#### **Payment of Claim**

Following acceptance, claim payments will be processed within 5-7 business days of all required information being received.

#### **Standards Applied**

CSN conduct claims handling in an honest, fair, transparent and timely manner.

We will only ask for and take into account relevant information when adjudicating the claim.

The member will have access to information CSN have relied upon to adjudicate the claim and an opportunity to correct any mistakes or inaccuracies.

In some situations, we may decline to release such information, but we will not do so unreasonably. Upon request you will be provided with reasons in writing.

#### **Standards applying to specified classes of policies**

These are defined as policies relating to motor vehicle, home building, home contents, Accident and Sickness, or travel.

Where further information, assessment, or investigation is required for a claim, a decision to accept or deny, must be made within 4 months (including catastrophes) unless there are "exceptional" circumstances as defined by the Code of Practice.

If no decision is made, you will be informed of your right to access CSN's Internal Dispute Resolution (IDR) Process and the Australian Financial Complaints Authority (AFCA).

Where exceptional circumstances apply, a decision to accept or deny the claim must be made within 12 months.

Where external experts have been engaged to provide a report, which is to be used to access your claim, they will be instructed to provide their final report within 12 weeks. If they fail to do so, the member will be notified.

#### **Excesses and Waiting Periods**

Please be advised that most Accident and Health Insurance Policy either contain an Excess or Waiting Period, or both. This may apply to your claim.

If you would like to discuss the details of the Excess or Waiting Period that may be applicable to your claim, please contact our Claims Department.