Health Cover for the CommBank Family

Please send this claim form and any additional information to:

By Post: CBHS Health Fund Limited
Locked Bag 5014, Parramatta NSW 2124

Fax: 02 9843 7676 **Email:** claims@cbhs.com.au

Pharmaceutical information request

Dear Doctor,

We have received a request from your patient to consider paying benefits for pharmaceutical item(s) that do not normally attract fund benefits. CBHS has a policy under which it will consider whether there are special circumstances that justify relaxing the rules in this case to pay a benefit.

To allow this to happen, we need some information from you, as the prescribing doctor, about the prescription of the medicines in question. It would assist us if you were able to supply us with as much clinical detail as possible on this form.

I mention that the Fund Rules specifically prohibit benefits being paid for any form of experimental treatment (including experimental pharmaceutical treatment). This prohibition is not being relaxed so you should let us know if the use of the medicine prescribed was experimental in nature.

We have asked your patient to give you an authorisation to supply us with the information we need, together with this form.

Thank you in anticipation of your assistance.

Patient's details

1. In relation to

Patient's name

Member number

2. Patient's medical condition(s) that require the pharmaceutical treatment

Medical practitioner's details

3. Contact details

Doctor's stamp

OR

Doctor's name

General Practitioner Specialist

Address

State Postcode

Telephone

CBHS

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Treatment details

4. Brief history of treatment and progress so far. Please include details of other medications that have failed.

5. Has the patient ever been referred to an appropriate specialist physician for this condition?

No Yes

6. Details of pharmaceutical(s) for which benefits are being requested

1

Generic name

Brand name

Alternative brands of the same drug

Strength to be administered

Dose to be administered

Proposed length of time the pharmaceutical is to be administered

Estimated cost of the drug

$

2

Generic name

Brand name

Alternative brands of the same drug

Strength to be administered

Dose to be administered

Proposed length of time the pharmaceutical is to be administered

Estimated cost of the drug

$

7. Is the patient eligible to receive this/these pharmaceutical(s) under the PBS?

No Yes ▶ Give details

8. Are there alternative pharmaceuticals or other treatments that could have a similar chance of success?

No Yes ▶ Give details

Alternative pharmaceutical/treatment	Is this a PBS item?
	No Yes
	No Yes
	No Yes
	No Yes

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Treatment details (continued)

9. If CBHS decides to pay benefits, we may require progress reports. Are there appropriate times during the treatment at which its efficacy can be assessed and progress reports supplied?

No Yes ▶ What times are appropriate? weeks months

10. In order to allow the Fund and its Medical Adviser to properly consider the application for benefits, please

- supply or direct the Fund towards appropriate supporting literature (preferably from recognised refereed journals) detailing clinical trials and outcome studies; or
- provide details of where supporting literature can be found.

NOTE: The Fund has found that literature supplied by manufacturers or distributors is often not useful for the assessment of possible benefits.

Supporting literature (copies) attached OR Supporting literature can be found in:

Medical Practitioner's signature

11.

The CBHS Health Fund Limited thanks you for taking the time to fill in this form.