

Private Health Insurance Complaint Checklist

Before making a complaint with the Private Health Insurance Ombudsman complete these steps. By ticking off all of the steps on this checklist you can make sure you've come to the right place and that your complaint is handled as efficiently as possible.

Step 1 – Is your complaint about private health insurance?

The Private Health Insurance Ombudsman can consider complaints about private health insurance.

Your complaint must be about a private health insurance arrangement.

Complaints about the quality of service or clinical treatment provided by a health professional or a hospital are better handled by the health care complaints body for your state or territory:

- If you are located in NSW, contact the [Health Care Complaints Commission](#)
- If you are located in Victoria, contact the [Health Complaints Commissioner](#)
- If you are located in Queensland, contact the [Office of the Health Ombudsman](#)
- If you are located in Tasmania, contact the [Health Complaints Commissioner Tasmania](#)
- If you are located in South Australia, contact the [Health and Community Services Complaints Commissioner](#)
- If you are located in Western Australia, contact the [Health and Disability Services Complaints Office](#)
- If you are located in the Northern Territory, contact the [Health and Community Services Complaints Commission](#)
- If you are located in the Australian Capital Territory, contact the [ACT Human Rights Commission](#)

If your complaint is about general insurance, life insurance, pet insurance, travel insurance or car insurance you may wish to discuss this with the [Australian Financial Complaints Authority](#) instead.

Step 2 – Have you lodged a complaint with the insurer, hospital or doctor directly?

Usually we do not investigate a complaint before it has been raised with the subject of the complaint, for example the organisation or provider involved.

Before lodging a complaint with us, contact the insurer, hospital or doctor to explain the problem and what outcome you are seeking. In many cases a simple phone call or email can resolve the problem.

It is a good idea to put your complaint clearly in writing, so that you have a record of your contact. We recommend being calm, factual, to provide evidence and give the other party time to respond.

If this does not resolve your complaint, contact us.

□ Step 3 – Gather information

Make a note of key details and dates, your membership number and any relevant contact you have had with the insurer, hospital or doctor. We suggest reviewing emails or letters you've received or sent regarding your private health insurance.

□ Step 4 – Contact us:

- **Online (<https://www.ombudsman.gov.au>)**
- **Telephone (1300 362 072 option four) between 10:30am to 3:00pm Australian Eastern Standard Time Monday to Friday**
- **Email (phi@ombudsman.gov.au) ; or**
- **Post (GPO Box 442, Canberra ACT 2601)**

1. Set out clearly and simply what is wrong and what outcome you are seeking. Focus on the core of the issue and summarise the information as best as you can. We ask that your complaint is a maximum of 500 words.
2. List the key dates such as when the problem occurred and details of the contact you have had with your insurer, hospital or doctor about this issue.
3. Provide us with your contact details. The more contact details you provide us with the easier it will be for us to reach you. An email, phone number and postal address is ideal.
4. Make sure your complaint is complete. Depending on the nature of your complaint, you may need to provide your consent or complete additional forms first:
 - In most cases, we provide the other party an opportunity to respond to the complaint and reach a resolution with you directly. Make sure you provide consent for us to disclose the details of your complaint or provide copies of the documents you give to us.
 - If your complaint is on behalf of someone else, they will need to provide permission for you to raise this by completing [this form](#).
 - If you are complaining about a pre-existing condition and want this Office to review the decision, you will need to complete the form [Medical Authority Form](#) for us to gain access to your medical records.
5. We aim to provide an initial response to you within 1-2 business days. Occasionally, it may take us longer to respond. If you have submitted your complaint and you have waited more than a week for a response, please contact us again.

More information is available at ombudsman.gov.au.

Please note: This document is intended as a guide only. For this reason, the information should not be relied on as legal advice or regarded as a substitute for legal advice in individual cases. To the maximum extent permitted by the law, the Commonwealth Ombudsman is not liable to you for any loss or damage suffered as a result of reliance on this document. For the most up-to-date versions of cited Acts, please refer to the [Federal Register of Legislation](#).