

Our Commitment

Phoenix Health Fund understands and recognises the members' right to complain and is committed to resolve complaints by appropriately addressing each individual's particular needs.

Phoenix Health Fund complaints process recognises the need to be fair to both the complainant and any third party or person against whom the complaint is made.

The complainant has the right to:

- a) Be heard;
- b) Know whether Phoenix Health Fund's relevant product and service guidelines have been followed;
- c) Provide and request all relevant material to support the complaint provided this does not breach privacy regulations;
- d) Be informed of the response to their complaint;
- e) Be informed of Phoenix Health Fund's decision and the reason for this decision;
- f) Know that their complaint is being reviewed independently, where appropriate.

Phoenix Health Fund or the person about whom the complaint is made has the right to:

- a) Collect sufficient information about the complaint to enable a thorough investigation of the complaint;
- b) Be informed of the decision and the reasons for the decision.

Complaints Handling Procedure

All complaints both oral and written will be collected by Phoenix Health Fund employees to review. All employees receiving a complaint will recognise and acknowledge a members right to comment and or complain. Members have the right to seek attention towards their complaint through using the following complaints steps.

Step 1 | Contact the Fund

To ensure you have the best possible customer experience in sharing your complaint, please make sure that you:

- I. Gather all supporting documents and information relating to your complaint,
- II. Think about any questions you need to answered that will help us resolve the issue more efficiently, and
- III. Contact us as soon as possible.

If you are not satisfied that your complaint has been fully resolved, you have the option of escalating the matter to our Member Services Manager, who is dedicated to resolving in a fair, prompt and unbiased manner.

Step 2

Speak with a Member Service Manager

The Member Services Manager will investigate your complaint and contact you within five business days upon receipt of your correspondence, to resolve or advise you on the status of your complaint.

If you feel that your issue is still unresolved or that the complaint was not dealt with fairly, the Private Health Insurance Ombudsman (PHIO) may be contacted.

Step 3

Contact PHIO

If you are not satisfied with our resolution or believe the Fund has not made a fair decision, you do have the option of contacting the Private Health Insurance Ombudsman.

This organisation is an independent office, appointed by the Federal Government, whose services are free to all health fund members. The Private Health Insurance Ombudsman handles enquiries, suggestions and complaints and will assist you in resolving a dispute.

Please note that complaints need to be about a health insurance related matter.

Complaints about the quality of service or treatment provided by a health professional or a hospital should be directed to a health care complaints body as listed in the Health complaints section.

HOTLINE 1800 640 695 (free call anywhere in Australia; mobile charges may apply) Facsimile: (02) 6276 0123 or email info@phio.gov.au.

Please include the following information:

- Your health fund membership number and health fund name;
- Your preferred contact phone number or email address; and
- A brief description of your health insurance issue.
- Please do not provide attachments in your initial email: your case officer will contact you if further information is required.

Responsiveness

We will respond quickly to all complaints:

- i. We will contact the complainant within 24 hours to acknowledge our receipt of the complaint and to outline our process for handling it;
- ii. We will then provide an update on the progress of the complaint within 7 days (or at another time if agreed to by both parties);
- iii. We will provide updates to the complainant each week (no longer than 7 days) until the complaint is resolved;
- iv. When the complaint is resolved, we will notify the complainant of the outcome and the reasons for the outcome.