

Online Member Services Navigation Guide

A guide to the functionality available to Overseas Visitor Health Cover customers using the new Online Member Services (OMS) platform.



Content

Functionality	3
Registering	3
Multifactor authentication	4
Logging in	6
Dashboard	7
Updating contact information	8
Updating policy payment details	9
Account in arrears	10
Updating benefit account details	11
Request a new membership card	12
Submitting claims	13
View claims history	15
Making a payment	16
Inbox	19
Submit documents	20
Need help?	21

Functionality

Access policy details any time of the day with Online Member Services (OMS).



Registering

Policyholders can register for an account once they have an active policy. Note, only primary policyholders can register for OMS. If you are listed as a spouse or dependant on a policy, you will be unable to register.

Click here to login and select Register.







By continuing you are agreeing to our app use terms & conditions

Enter your policy information as follows.

Policy number: Policy number

Family name: Primary policyholder's surname

Date of Birth: Primary policyholders date of birth in format DD/MM/YYYY

Click Next.

Register
Membership details
Please enter your details to verify your identity. If you don't know your policy number please <u>contact us</u> .
Policy number
Family name
Date of birth
Next

Multifactor authentication

To protect your account, each time you login you will need to enter the security code sent to you via email or SMS. Select Next.

Regist	ter	
Send co	de	
	How do you want to receive the code to register?	
	Phone Emoil	
	*If you no longer have access to these contact details please <u>contact us</u>	
Back	Next	

If the security code isn't received to the chosen method, refresh the page by selecting **Retry**. **Enter the six digit code** received and select **Next**.

Allianz (II) Care		Sign in
	Register	
	Security code	Membership details
	Enter a one-time security code to confirm your identity. We sent your code via SMS to your phone. We do this to keep your account secure.	Send code 3 Security code
	Code 321654	Create password
	(C 8009)	
	Back	

Once the security code has been verified, set a password then select Next.

The password requirements are:

- Minimum of 10 characters
- Must contain at least 3 of the following: Upper case, lower case, number, or special character.

Allianz 🕕 Care		→ Sign in
	Register	
	Create password	Membership details
	Please create your password	Send code Security code
	Your unique password must contain:- • at least 10 characters • 3 of 4-character types (upper, lower, numeric and special)	4 Create password
	Pessword Your possword needs to be at least 10 characters and use 3 of 4-character types	
	By continuing you are agreeing to our app use <u>terms & conditions</u>	
	Back	

Allianz 🕕 Care

Logging in

Enter your policy number and your nominated password. Select Sign In.



Allianz (II) Care

	¢
Password	Ø
Forgotten password?	
Sign in	

Confirm where you would like to receive your security code (SMS or email) and select **Next**. The contact details where the security code will be sent will be partially masked on the screen. If these details are incorrect, please call 1300 727 193, Monday to Friday 8.30am-5pm AEST.



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Enter the six-digit security code and select **Submit**. If the security code isn't received, you can request to **Resend code**.



Enter a one-time security code to confirm your identity. We sent your code via SMS to a phone number ending in 057.

C Reser	d code
Cancel	Submit

Dashboard

Once you have logged in, the dashboard or main menu will display. All key OMS functions are accessible from the left-hand side bar.

Allianz (11) Care			🖂 Contact us 📁 Feedback 🔌 1300 727 193 🗦 Submit claim
G→ Sign out	Good morning,		
Home			
A Membership v	Need more information	on about your policy?	Policy details
Claims v	Everything you need to know about	your policy and more is available on our website.	Product name OVHC - Budget Visitor Cover \$500 Excess
🖄 Inbox	Visit now		Policy holder
🛞 Make a payment	the second		
$\mathbb{R}^n_{\mathrm{C}}$ Contact			22 May 2024
Find a Doctor	Claims	Inbox	Fremum \$148.70 monthly
Health and Wellbeing		1 55P 2023 OVHC Certificate of Insurance	0 Cost
Submit document		Harpreet Finch	Single
Change password		→ Viewinbox	→ View policy description
💮 Help	You do not have any claim history.		
Feedback			
Egal 🗸	→ Find out how to claim		

Updating contact information

From the left-hand side bar, select Membership then Contact details.

G Sign out	Contact details
A Membership ^	Contact details
Policy details	By updating these details you will be updating your policy contact details.
Reople covered	NOBLE
🚱 Contact details	номе
Payment account	- L <u>e</u>
$\langle \overset{\Delta_{2}}{\rightarrow} \rangle$ Benefit account	WORK -
E Request card	EMAIL
🕞 Claims ~	
🔄 Inbox	
🛞 Make a payment	
€ ⁵ Contact	POSTAL ADDRESS Same as home address
Find a Doctor	

Policyholders will be able to see and update their contact phone numbers, email and home/postal address. Select the Edit icon beside the i

To update contact numbers (mobile or home phone) delete the entered data, enter your new contact number and select **Update**.

Update home number	
Contact details	
Phone	<u>×</u>
Cancel	Update

When updating address information, an effective date will need to be entered. Note, changes cannot be backdated and will default as the date you are making the change

Allianz 🕕 Care

Jpdate postal address	
Contact details	
→ Make the same as home address	
Line 1	
Line 2 (optional)	
Suburb	
Stote NSW	~
Postcode	
Address effective from 23/04/2024	
Cancel	Update

Updating policy payment details

Your payment account is the bank account or credit card you nominate for your policy premium payments. Select **Membership** then **Payment account**.

₽	Sign out	Payment account
ŵ	Home	
\triangle	Membership ^	Account details
	Policy details	Your payment account is the bank account or credit card you nominate for your policy premium payments. Editing these details will affect your future policy direct debit payments.
	People covered	ТҮРЕ
Ċ	Contact details	Debit account 🕑
÷	Payment account	ACCOUNT NAME Test Test
Ö	Benefit account	858
	Request card	923-100
Ð	Claims ~	ACCOUNT NUMBER 987654321
ł	Inbox	NEXT DEBIT DATE 01/02/2024
(B)	Make a payment	PREMIUM
Ċ	Contact	\$148.70 monthly
(p	Find a Doctor	Your cover price is correct as of 30/05/2024 and does not include any future date changes or product price increases
8	Health and	

Select your preferred payment method (**Debit account** or **Credit card**). Select the **Edit** icon if a enter the updated bank account or credit card details. Note, if you opt for a bank account, you can also nominate the same bank account details to be updated for your benefit account (the account where claims payments are deposited).

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ayment account	
Update payment account	
Debit account	Credit card
→ Make the same as my	benefit account details
Account name BSB	
Account number	
Also update my benefit account details I agree to the direct debit <u>terms & conditions</u>	
Cancel	Update

Once the preferred details are entered you will need to agree to the terms and conditions and select **Update**.

Account in arrears

If a policy is in arrears (e.g. as a result of rejected payments) a notification will display when updating payment details. The outstanding balance will be debited with the next scheduled direct debit payment.

	o successibility. A receipt has been sent to	
Les les l'herrester les biedes	***	
It's easy to get back on top of thir amount owing plus your usual po	ngs We'll get you up to date with your next direct debit. We'll take th ayment to help you catch up.	e
These account details are for eve	eryone on your policy. Editing these details affects the account where payment is deducted from.	ł
TYPE		
Debit account		ø
Test		
BSB		
10.00		
10.01.0		
NEXT DEBIT DATE		
17/05/2024		
PREMIUM		
\$148.70 monthly		

Updating benefit account details

Your benefit account is the bank account where claims payments are deposited. Only one bank account can be nominated for benefit payments. If there are multiple members on the policy, payments for all members will be paid to the nominated account. To update this information, select **Membership** then **Benefit account**.

8	Membership ^	Benefit account
	Policy details	Account details
8	People covered	Only one bank account can be nominated for benefit payments. If there are multiple members on the policy, payments for all members will be paid to the account nominated.
Ċ	Contact details	
	Payment account	859
Ö	Benefit account	ACCOUNT NUMBER
	Request card	

Select the Edit icon in arrears, any outstanding payments will be direct debited on your next schedule payment.

If you would like the same bank account as your policy payment account select Make the same as my payment account and the details will automaticaly populate. Select Update once entered.

Benefit account
Update benefit account
→ Make the same as my payment account
Account name
BSB
Account number
Cancel Update

Request a new membership card

To request a new membership card, select **Membership** then **Request card**. If there are multiple members on the policy, you will need to select which member requires the new card and select **Next**.

A Membership ^	Order membership card	
Policy details	Members	
🔗 People covered	A happen Fort	
🖉 Contact details		
Payment account		Next
🔆 Benefit account		
Request card		

Check the postal address is correct for the card, if not, select **Back** and refer to Updating contact details. If the postal address details are correct, select **Order card**.

eview order		
Review details		
	R R R	
CARD FOR		
POSTAL ADDRESS		
Performent Heury and Dourge St		
Back		Order card

Submitting claims

Select Claims then Submit Claim from the left-hand menu, corner of the page. Read through the instructions and ensure you provide all the information required to submit the claim. Select Next.

_		Submit claim	
Claims	^		
(History		How to claim	Pareinte
			Yaur reference
🔯 Submit claim			
		IMPORTANT: Before you can successfully submit a claim, you must have a valid benefit account. Your benefit account is the account claims reimbursements are paid to.	5 Review claim
		To make a claim, upload a copy of the invoice and receipts you received from your service provider. You can send up to 4 at a time. Each receipt must clearly show.	
		Patient's name Provider's name and registration number Date of service Service provided Amount poid	
		Next	

Click the **+** icon to attach photos of receipts or relevant documents.

Submit claim		
Receipts	e	How to claim
	2	Receipts
Attach receipts Accepted file types : .jpeg, .png, and .pdf only		Reference
	4	Claim type
+	5	Review claim
Back		

Any additional information you wish to communicate can be added in the Your reference field. This field is optional and should only be used for general information not sensitive information like bank account details. Select **Next**.

Submit claim			
Your reference		9	How to claim
Your reference			Receipts
	(3	Your reference
		4	Claim type
		5	Review claim
Back	Next		

Confirm if this claim relates to a worker's compensation or third party claim. Enter your selection then **Next**.

Submit claim		
Claim type	e	How to claim
	e	Receipts
Was your treatment part of a worker's compensation or third party claim?	•	Reference
	4	Claim type
165 110		Review claim
Back		

Review your claim information, select to **Send email receipt**, then read and agree to the claims terms and conditions. Select **Submit claim**.

I am authorised to make this claim and all the information submitted is true and correct. I authorise Allianz Care Australia to use my personal information and to
sectore providers and hospitals as reasonably necessary in assessing and processing this cloim and for other purposes as provided in the Allionz Core Australia <u>Privacy Nation</u> .
I confirm that all persons recorded on this claim have provided their consent to such use and disclosure of their personal information. I declare that the services listed on this claim cannot be claimed from another insurance scheme such as Medicare, workers 'compensation, motor vehicle accident insurance or third-party liability insurance. I agree to reimburse Allianz Care Australia for the amount paid in the benefits under this claim if I receive payment from any other insurance scheme.
I am aware of the rules relating to claiming benefits as set out in the applicable policy working document.
I agree with the above terms

View claims history

Select Claims then History. Claims history will appear in submission order.

- Paid claims will show the benefit paid in green.
- Claims that have been entered and are awaiting payment to be released will be listed as 'Pending'.
- Claims that have not yet been processed will not appear in the history.

Claims can be searched by submission period, patient or claim type.

Allianz 🕕 Care	Allianz (11) Care		🖂 Contact us 🛛 💬 Feedback	🗞 1800 123 456 📄 Submit claim
	Dashboard	Claims history		
Dashboard	🛆 Membership 🗸 🗸	Claims history		
Membership ~	Claims ^	Claims	Samantha 🗸	Q. Search claims
Claims ^	(History	2 5EP 2021	PENDING \$60.00	6 months 12 months Custom
(History	Submit claim	Bell	x	Member
🐻 Submit claim	Inbox Make a payment	Removal of calculus fir	\$219.70	Senantia ~
	Contact	Tooth extraction	\$45 .55	Claim type 🗸
	(d) Providers	23 JUN 2020	4 6105	Search claims
🛞 Make a payment	Stories and news	Careful Consult	\$105.55	
Contact	🖉 Submit a document	19 JUN 2019 Acupuncture Robertson	\$94 .55	

The following information will be viewable for each claim.

- Claim number
- Provider number and address
- Invoice number
- Service date
- Paid date

	\sim
(History	Ŵ
Submit claim	\$60.00 Toth subscript
🖂 Inbox	Dr. == Cooper
🚯 Make a payment	CLAM ID
Contact	Telde
Providers	PROVIDEN ID
Stories and news	ADDRESS
Submit a document	SERVICE ID
Statements	1042401
💮 Settings 🗸	TYPE Ancillary
💮 Help 🗸	SERVICE DATE
Member enquiries	Tuesday 2 September 2019
Egal	PAID DATE Friday 6 September 2019
General Sign out	
	Back to history

Making a payment

Policyholders can process their own credit card payments via the Make a payment option on the left-hand menu.

To make a payment, you can enter a specific amount you wish to pay or select a date to have a payment calculated up to.

Contact details	Make a payment	
Contribution account	Select option	1 Select option
🔆 Benefit account		2 Enter details
E Request card	To make an immediate contribution payment please select one of the following options	3 Card details
Claims ~		4 Review details
က် Inbox	Enter amount Select new paid to date	
🛞 Make a payment		
	Next	

Enter amount

When the value is typed in, the new paid-to date will display based on the amount entered. It will also show the current paid-to date and standard contribution amount.

Make a payment		
Enter details	Ø	Select option
	2	Enter details
\$100		
Your new paid to date will be	3	Card details
15 Jun 2024		Review details
Your current paid to date is 8 Jun 2024 and your contribution is \$412.80 monthly.		
Back		

Select new paid-to date

Enter the desired date in the DD/MM/YYYY format. The amount due will be calculated based on the date entered, along with the current paid-to date and standard contribution amount. Select Next.

Enter your Visa or Mastercard credit card details. Select Next.

Make a payment	
Card details	Select option
Please enter your card details. These details are securely sent using a pay gateway and not stored by us.	yment (3) Card details
Card holder name 	4 Review detail
Credit card number 	_
Expiry date CVV	_
Back	Next

Allianz 🕕 Care

Review the payment summary, should you wish to receive a receipt select the Send email or SMS receipt then Pay Now.

lake a paymer	nt		
Review details			Select op
	_		Enter det
	<u>()</u>		Cord deta
			4 Review d
4HOUNT \$345.37			
NEW DATE TO		~	
01/08/2024			
Send email receipt			
5mail	-	(*)	
Send sms receipt			
CARD HOLDER NAME			
Masseri Michael			
CREDIT CARD NUMBER 4622 XXXXX XXXXX XXXXX 1234			
EXPIRY DATE	C/V		
12/20	~~~		
The direct debit terms & conditions			
I am aware one off payments are a place for my policy payments as se	separate to the direct debit arr at out in the <u>direct debit terms i</u>	ongement in 5 conditions.	
I agree with the above terms			
		_	
Back		Pay now	

Once a payment has been submitted successfully, the receipt (if requested) will be sent and a reference number will appear on the page with their new paid-to date.



Inbox

Correspondence sent by Allianz Care Australia can be accessed via the inbox including:

- Certificate of Insurance
- Authority Forms
- Arrears Notices
- Change Level of Cover letters

The inbox can be accessed via the left-hand menu or the dashboard.



Select the correspondence you wish to view.

Inbox		\bigcirc Search inbox
8 MAY 2024 OVHC Authority Form Jane Test		6 months 12 months Custom
8 MAY 2024 OVHC Certificate of Insurance Jane Test	Ø	Search inbox

Submit documents

Instead of emailing documents, members can upload common forms via the OMS. Select **Submit a document** from the left-hand menu.

Select the document you wish to submit and select Next.

Policy details	🖂 Contact us	💬 Feedback 🛛 🗞 1300 727 193 🛛 🗦 Submit claim
Reople covered	Submit document	
Contact details		
Payment account	Document type	1 Document type
C> Benefit account	Which type of document would you like to unload?	2 How to submit
Request card	when type of document works you are to upload	Attachments
Claims ^	authority Form	
C History	😥 Evidence of arrival in to Australia	4 Your reference
() Submit claim	Possport	5 Review document
🖄 Inbox	Pre-existing condition (PEC) form	
Make a payment	Refund form	
	E. Visa grant notice	
Find a Doctor	(w Other	
Health and Wellbeing	_	
Submit document		
Change password	Next	

Select the + icon to upload the documents or drag and drop directly. Once uploaded select Next.

Submit document		Submit document	
Attachments	Document type	Attachments	Document type
	How to submit		How to submit
Attach documents Accepted file types : .jpeg, .png, and .pdf only	3 Attachments	Attach documents Accepted file types : .jpeg, .png, and .pdf only	3 Attachments
	4 Your reference		Your reference
+	5 Review document		5 Review document
Back		Back	lext

Reference information can be added if appropriate. This is optional, and the process can continue without this information.

Submit document			
Your reference		9	Document type
Your reference		0	How to submit
		•	Attachments
		4	Your reference
		5	Review document
Back	Next		

Policyholders will be given the option to review the documents uploaded and request an email receipt. The email receipt is optional, but highly recommend to confirm the submission has been successful. Select **Submit**.

Review document submission	
Review document	Document type
[≝ <u>−−</u>]	How to submit
<u> </u>	Attachments
POLICY NUMBER 6370595	Your reference
YOUR REFERENCE .	5 Review document
Send email receipt	
Back	

Once submitted, the following confirmation will appear with accompanying reference number.



Need help?

For assistance with OMS, please call 1300 727 193, Monday to Friday 8.30am-5pm AEST.