



Australian Government

Private Health Insurance Ombudsman

Review of our decision

WHO CAN REQUEST A REVIEW?

If you disagree with a decision made by our office about your complaint, you can ask us to review the decision. A request for a review should be submitted in writing as soon as possible after you have been advised of our decision.

HOW CAN YOU REQUEST A REVIEW?

You can request a review by completing the 'Request for review' form and sending it to us by:

- **post** to Suite 2202 Level 22, 580 George Street, Sydney NSW 2000
- **fax** on 02 8235 8778
- via **email** to info@phio.org.au

Provide as much information as possible about why you disagree with our decision. Be specific rather than general. The senior complaints officer assigned to conduct the review will consider this information you provide as part of our review.

WHAT HAPPENS WHEN YOU REQUEST A REVIEW?

If you request a review of our decision, your case will be assigned to an officer who was not involved in the original investigation of your complaint. That officer may contact you to ask for further details about why you believe our decision was wrong, and will keep you informed of how your review is proceeding.

The review officer will look at whether the processes our staff followed were fair and adequate, and whether the conclusions they reached were reasonable and properly explained to you.

After the review officer has considered your circumstances and the information you have given us, they may:

- uphold the decision of the original dispute resolution officer
- change the decision of the original dispute resolution officer
- send the matter back to the original dispute resolution officer to re-investigate new information

We endeavour to complete reviews within 30 days. The review officer will send you a letter advising you of the outcome of the review.

SERVICES TO ASSIST YOU TO REQUEST A REVIEW

If you are a non-English speaking person, we can help you through the Translating and Interpreter Service (TIS) on 131 450. If you are hearing, sight or speech impaired, a TTY service is available through the National Relay Service on 133 677.



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Request for a Review Form

To ask us to review a decision we have made about your finalised complaint, you can complete this form and send it to us by post, fax or email. If you would like assistance completing this form, please contact us on **1800 640 695**

If more space is needed, attach an extra sheet to this form.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other
Family name				First name	
Address					
	Postcode				
Contact Number(s)	()				
Email					
Name of the organisation or person you complained about					
Ombudsman reference number (if known)					
What is the decision you disagree with?					
What monetary (or other) outcome were you hoping to achieve by raising your complaint with us?					
Why do you think we need to look at your complaint again?	Incorrect Decision <input type="checkbox"/> Evidence Incorrect <input type="checkbox"/> Explanation Unclear <input type="checkbox"/> Complaint Service Failed <input type="checkbox"/> Overlooked Information (please specify) <input type="checkbox"/>				
Give details					
Signature	Date				