

# DISPUTE RESOLUTION POLICY



## OUR COMMITMENT

We recognise that complaints and feedback provide opportunities to build knowledge and improve our products and services. Hunter Health Insurance is committed to maintaining an open, accessible and effective process for responding to customer feedback or complaints.

## COMPLAINTS AND FEEDBACK

While we always aim to provide quality service and products, we understand that there may be occasions where you would like to raise a concern or complaint with us.

We define a complaint in accordance with the relevant Australian Standard, being an expression of dissatisfaction to or about Hunter Health Insurance, related to our products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or required.

Occasionally we receive feedback in the form of opinions, comments and expressions of interest or concern about our products, services or interactions, which may not require a resolution or formal follow up. This policy does not apply to feedback of this nature.

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 the provider.

## GUIDING PRINCIPLES

We are committed to the following guiding principles when handling complaints:

- **ACCESSIBLE, VISIBLE AND TRANSPARENT**  
This policy will be available on our website and in our branch. Where required, we will adopt measures to accommodate assistance and support you require so that you can meaningfully participate in the process. We do not charge a fee for making a complaint.
- **RESPONSIVE** We will acknowledge complaints promptly and respond in full in a reasonable timeframe taking into account the urgency of issues raised. We will communicate expected timeframes to you and inform you if we think there may be some delay.

## COMPLAINTS PROCESS

We will contact you within five working days to acknowledge receipt of your written complaint, or immediately if you contacted us by phone, and outline our process for handling the complaint.

We will provide an update within 7 days on the progress of the complaint (or at another time if agreed to by both parties), which may include a request for more information to enable us to review your complaint.

We will aim to resolve your complaint within 21 days, or, if we are unable to resolve it within that time, will let you know that we require more time.

Once we have reviewed your complaint, we will notify you in writing of the outcome and the reasons for the outcome.

## PRIVACY

We are committed to protecting and maintaining your privacy. Your information will be handled in accordance with the Hunter Health Insurance Privacy Policy which is available at our website [www.hunterhi.com.au](http://www.hunterhi.com.au)

## HOW TO MAKE A COMPLAINT

A complaint may be made either verbally or in writing. You can lodge a complaint in person, by telephone, mail, email or online. Our contact details are:

**Phone:** 02 4990 1385

**Email:** [enquiries@hunterhi.com.au](mailto:enquiries@hunterhi.com.au)

**In Person:** 151 Vincent Street Cessnock NSW

**Mail:** PO Box 183 Cessnock NSW 2325

If you are not satisfied with our handling of the complaint, you may seek complaint mediation through the Commonwealth Private Health Insurance Ombudsman (PHIO) on the contact details below:

**Online:** [ombudsman.gov.au](http://ombudsman.gov.au)

**Phone:** 1300 362 072

