

complaints handling process.

Purpose

The purpose of this document is to outline Frank Health Insurance's Complaints Handling Process and associated procedures. These are designed to ensure that all complaints are managed in a transparent, fair, consistent, and timely manner.

Our approach aims to resolve complaints as early as possible in the member journey through a clear and accessible process. The policy also incorporates feedback mechanisms to support continuous improvement and enhance the overall member experience.

Our commitment

We commit to:

- Listen, understand and acknowledge complaints and feedback
- Be transparent, clear and timely
- Support fairness and consistency
- Provide resolutions at the earliest possible point of contacting us
- Regularly monitor feedback to drive continuous improvements of our processes and services
- Comply with the voluntary Private Health Insurance Code of Conduct

How to make a complaint

- **Call 1300 437 265** Monday to Friday, 8:30am-5pm AEST
- **Webchat** via frankhealthinsurance.com.au/contact Monday to Friday, 9am-4:30pm AEST
- **Email** frank@frankhealthinsurance.com.au
- **Log in to the member area** online at frankhealthinsurance.com.au/members or via the app to make an enquiry and submit your feedback

We will respond to phone calls and webchats immediately during our operating hours, and we will follow up on all other contact methods within 5 business days. Where the matter is complex, we will attempt to finalise within 20 business days.

However, where the difficulty of the matter precludes this, we will inform you of the progress.

Information to be provided when making a complaint

When lodging a complaint, please provide as many of the following details as possible to help us identify you and respond promptly.

- Your full name
- Date of birth
- Member number
- Full address including postcode
- Email address on policy
- A detailed summary of the complaint
- What you are expecting as a resolution to your complaint

If you are not the policyholder and do not have authorised access to the policy, we will not be able to discuss any policy-related matters. Please ensure you have the appropriate authority to act on the policy before submitting a complaint. For assistance in obtaining authority, please contact one of our Member Experience Advisors on 1300 437 265.

Complaints handling process

We are committed to resolving complaints as quickly as possible and we will aim to address member concerns at the first point of contact, whether they are made over the phone, by email, webchat or via the member area.

If we are unable to resolve a complaint at first point of contact, we will assign the complaint to a Member Experience Team Leader who will acknowledge receipt of your complaint within 2 business days, typically using the same method by which we were contacted or based on your preferred contact method.

The complaint will then follow our internal complaint escalation process where we aim to resolve all complaints within 10 working days. If the issue is complex and takes longer than this period to resolve, we will contact you to:

- Inform you of the expected delay
- Explain the reasons for the delay
- Provide an alternative timeframe.

At Frank Health Insurance, we have an internal committee that independently reviews complex member requests and complaints that fall outside our standard [Fund Rules](#). This committee forms part of the final stage of our internal complaint review process.

If the request is suitable for consideration by the Member Services Review Committee (MSRC), we will inform you and manage the referral on your behalf.

Enquiries

Enquiries about the status of complaints can be made via the details set out below.

- **Call 1300 437 265** Monday to Friday, 8:30am-5pm AEST
- **Webchat** via frankhealthinsurance.com.au/contact Monday to Friday, 9am-4:30pm AEST
- **Email** frank@frankhealthinsurance.com.au
- **Log in to the member area** online at frankhealthinsurance.com.au/members or via the app to make an enquiry and submit your feedback

External dispute resolution

If after receiving our response through the internal escalation process, you are still not satisfied with the resolution, you may seek an external dispute resolution through the Commonwealth Ombudsman's complaint handling service.

The Private Health Insurance Ombudsman (PHIO) is independent of the private health insurers, private and public hospitals and health service providers. The office deals with enquiries and complaints about any aspect of private health insurance and assists health fund members to resolve complaints that may arise.

- **Hotline** 1300 362 072
- **International** +61 2 5117 3600
- **Post** Commonwealth Ombudsman, GPO Bo Box 442, Canberra ACT 2601
- **Website** www.ombudsman.gov.au

How our members' privacy and personal information is handled

Frank Health Insurance is committed to protecting our members' privacy. Our privacy statement explains the type of personal information we collect and how we handle that information as a part of your relationship with Frank Health Insurance. Frank Health Insurance understands the information our members entrust to us is private and confidential. Our staff are trained to respect member privacy in accordance with the applicable privacy laws and our own policies and procedures. Frank Health Insurance's Privacy Statement can be accessed at frankhealthinsurance.com.au/privacy-statement

frank.
health insurance

frankhealthinsurance.com.au

[contact team frank](#) | [webchat](#) | call 1300 437 265

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