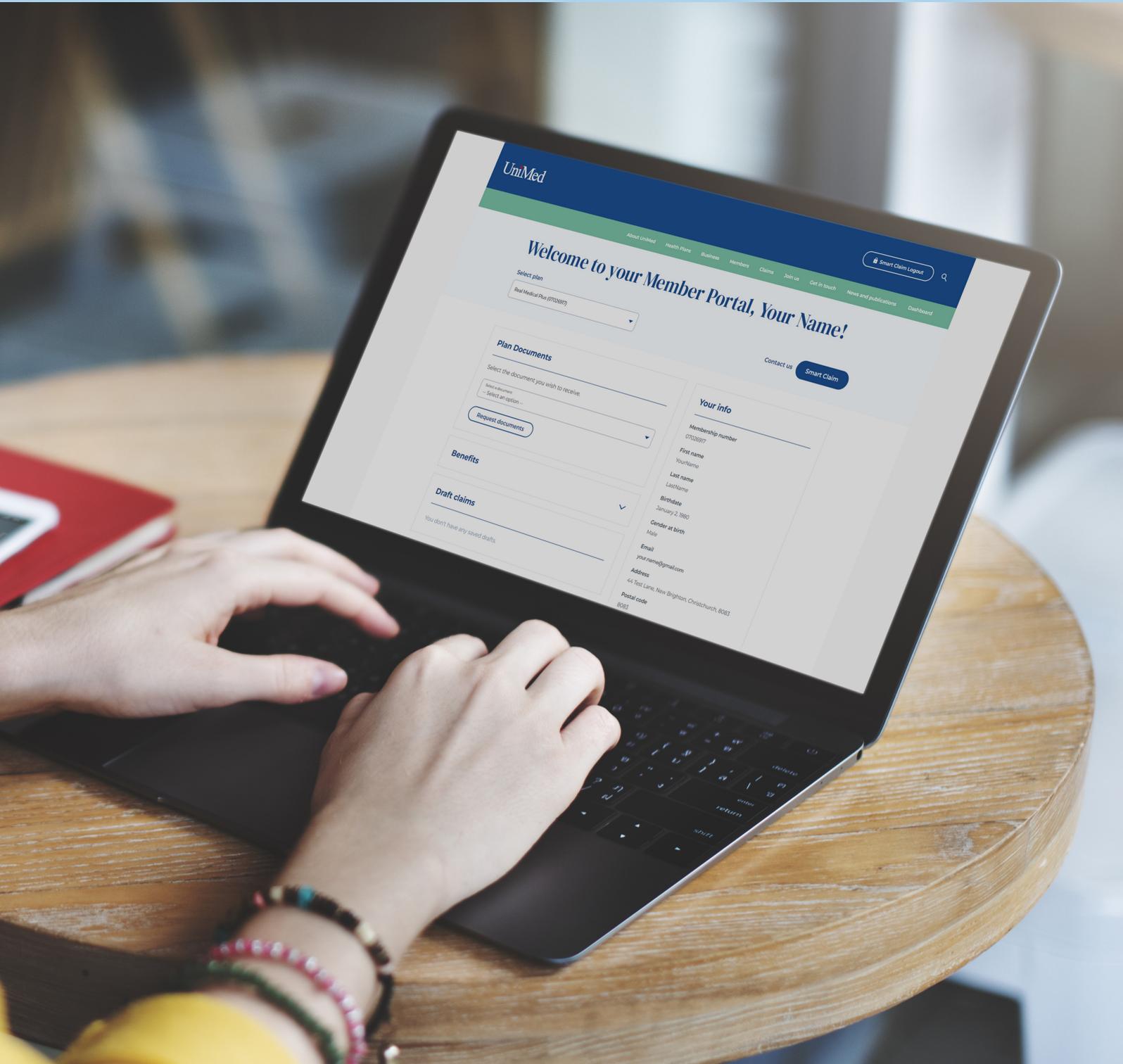


# UniMed Member Portal Guide

## How to register for our online claims service

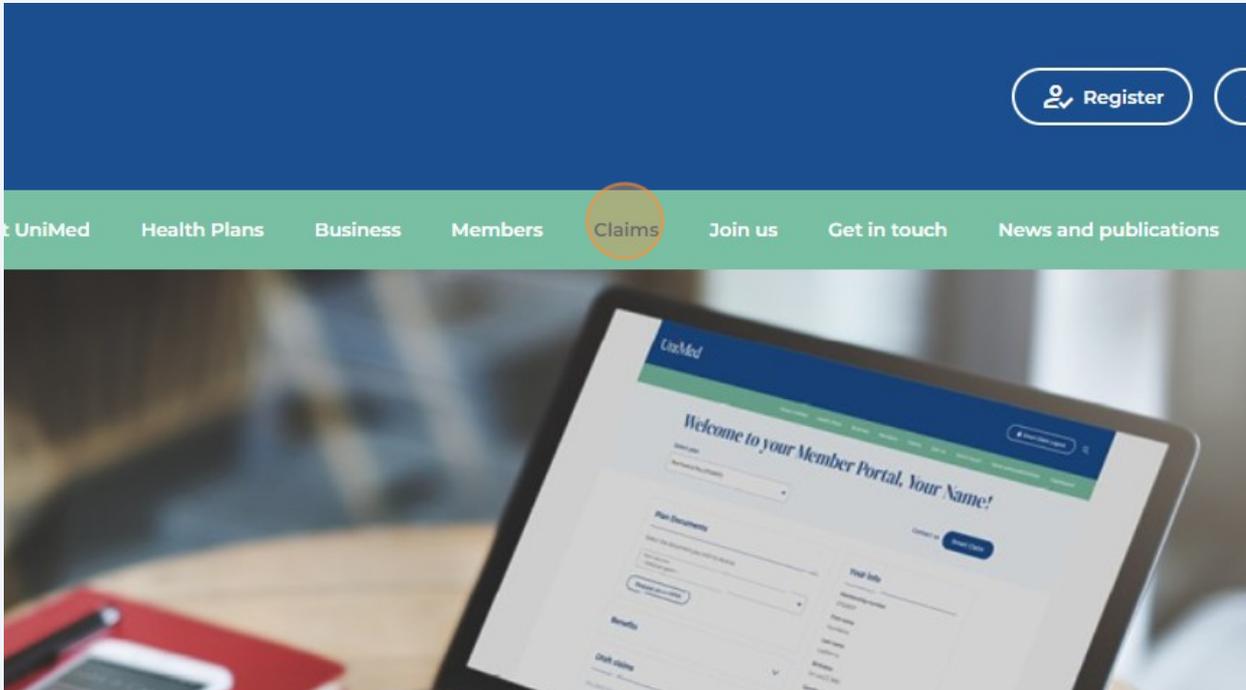


# Contents

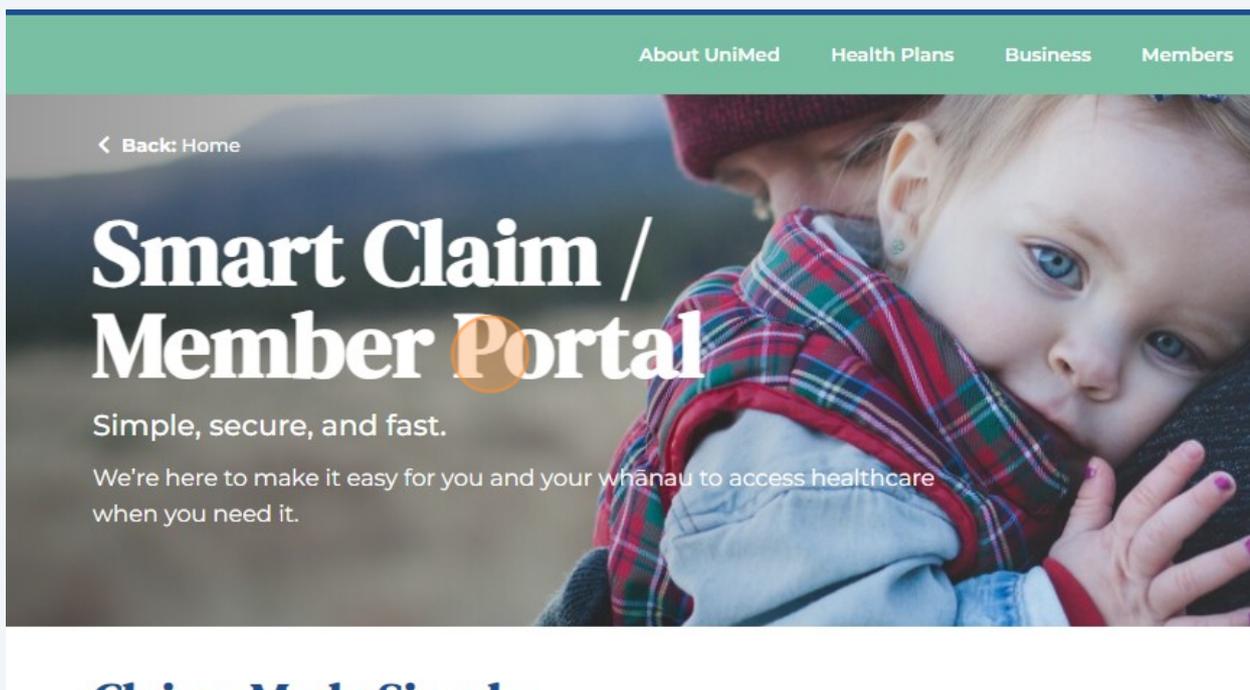
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# How to register for UniMed's Member Portal

- 1 From the UniMed homepage, click "Claims" in the green ribbon in the header.



- 2 You will land on our Smart Claim/Member Portal page.



3 Once there, you can learn more about the UniMed Member Portal.

## Claims Made Simple

Smart Claim is changing. We've just introduced the new UniMed Member Portal which expands Smart

With the new UniMed Member Portal, you can:

- Submit claims for reimbursement
- Request prior approval
- Update your contact details
- Add family members to your plan
- Review your claim history
- and more.



**Already signed up to Smart Claim?**

**New**

4 And you can register for the Member Portal by clicking "Register Now"

ow Member Portal. You can do  
of the page, or by using the

### Never used Smart Claim before?

No worries! Just register using the button below to access the new Mem

Register Now

5

When you click register, you'll land on the registration page. Read the information above the form.

[Back: Claims](#)

## Register for the UniMed Member Portal

Only the primary member listed on your policy can register for the UniMed Member Portal (previously called Smart Claim). If you are listed as a spouse/partner or child on the policy you will not be able to register with your details. Once the primary member is registered, claims can be submitted for anyone on the policy.

Please ensure the details you use to register for the UniMed Member Portal matches your policy documents. For example, your membership certificate, a claims reimbursement letter or any communication we may have sent you.

First name \*  Last name \*

Date of Birth \*

Day (DD)  / Month (MM)  / Year (YYYY)

Email \*  Confirm email address \*

Please note that your request will go through a validation process to safeguard your privacy and security. The validation may take up to three hours, and once completed, you'll receive your temporary password.

6

Fill out the form.

Only the primary member listed on your policy can register for the UniMed Member Portal (previously called Smart Claim). If you are listed as a spouse/partner or child on the policy you will not be able to register with your details. Once the primary member is registered, claims can be submitted for anyone on the policy.

Please ensure the details you use to register for the UniMed Member Portal matches your policy documents. For example, your membership certificate, a claims reimbursement letter or any communication we may have sent you.

First name \*  Last name \*

Date of Birth \*

Day (DD)  / Month (MM)  / Year (YYYY)

Email \*  Confirm email address \*

7 Once you've filled out the form, click "Submit"

The screenshot shows a registration form with several input fields. A blue box highlights the text: "validation process to safeguard your privacy and security. The validation d, you'll receive your temporary password." Below the form, a green checkmark icon is next to the text "Success!". To the right of this is the Cloudflare logo and the text "CLOUDFLARE" with links for "Privacy" and "Terms". At the bottom center, a dark blue button with the word "Submit" in white is highlighted with an orange circle.

8 Read the confirmation message and keep an eye on your inbox for an email with your temporary password.

The confirmation message is displayed in a white box with a light blue border. It features a large green heading: "Welcome to the UniMed Member Portal". Below the heading, a blue box contains the text: "Thank you for registering for the UniMed Member Portal. Please note that your request will go through a validation process to safeguard your privacy and security. The validation may take up to three hours, and once completed, you'll receive your temporary password to complete your registration." An orange circle highlights the word "request" in the second sentence.

# How to reset your password

1

If you've forgotten your password, head to [UniMed.co.nz](https://unimed.co.nz) and select sign in from the top of the website.

2

From the sign in box, select the forgot your password link near the bottom of the box. Type in your username and click 'forgot your password?'. If you've forgotten your username call us on 0800 600 666, or if you're a Fulton Hogan employee call 0800 346 334.

## Sign in with your username and password

[Forgot your password?](#)

Sign in

3

## Forgot your password?

Enter your Username below and we will send a message to reset your password

Reset my password

4

Once you've added your username you'll see this message which says that we've sent a password reset code to your email.



We have sent a password reset code by email to t\*\*\*@g\*\*\*. Enter it below to reset your password.

**Code**

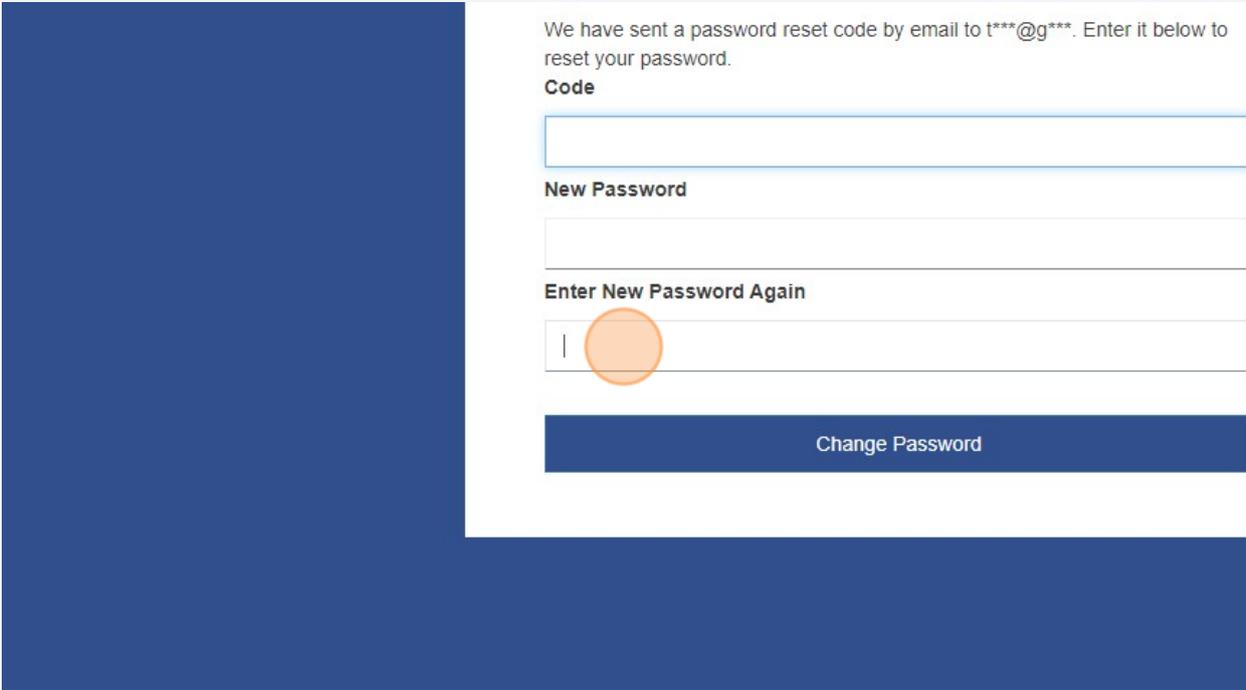
**New Password**

**Enter New Password Again**

Change Password

5

After you've found your password reset code in your email, click on the link in the email or find your way back to the open window in your browser to enter the code. Think of a new password that contains at least 8 characters, 1 number, 1 special character, 1 uppercase and 1 lowercase letter.



We have sent a password reset code by email to t\*\*\*@g\*\*\*. Enter it below to reset your password.

**Code**

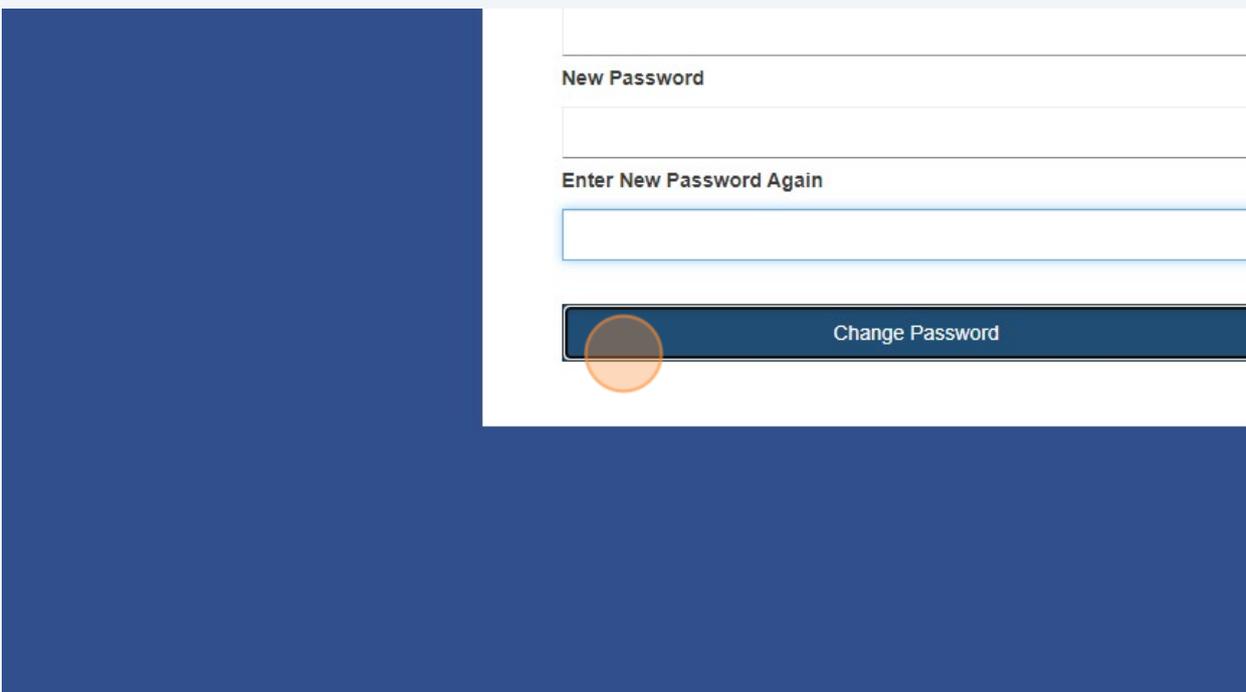
**New Password**

**Enter New Password Again**

Change Password

6

Click "Change Password"



**New Password**

**Enter New Password Again**

Change Password

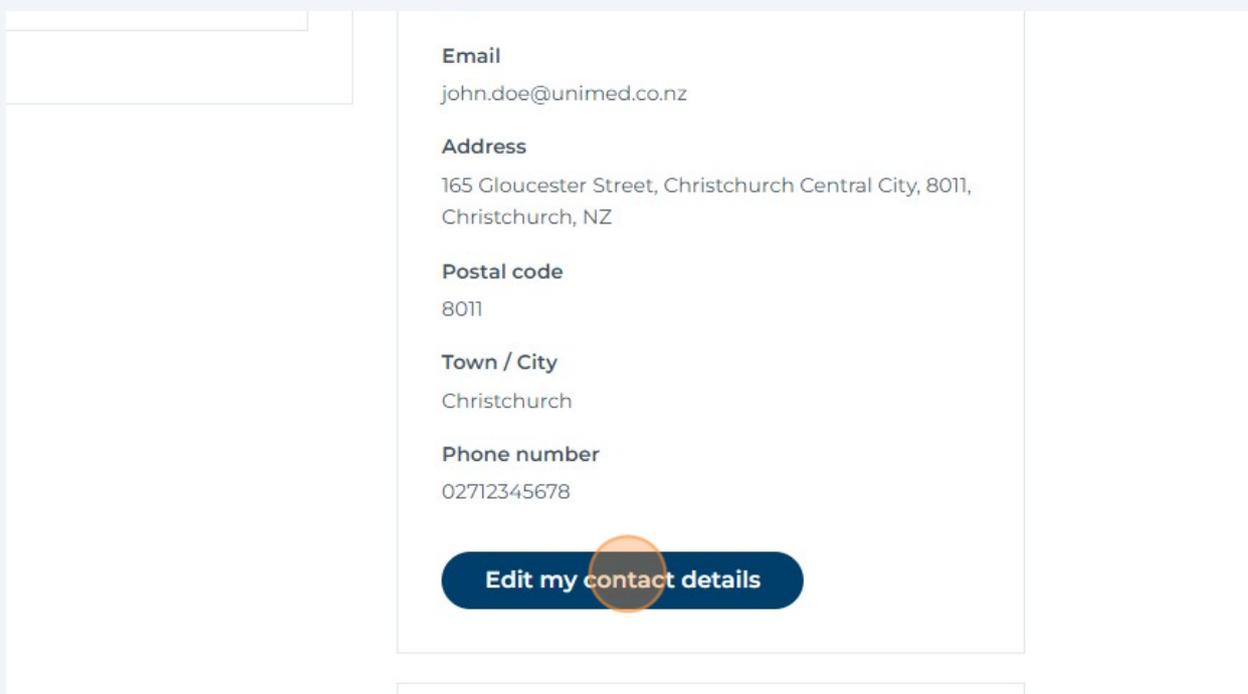
# How to update your contact details

1 Navigate to [unimed.co.nz](https://unimed.co.nz)

Sign in to your Member Portal using your username and password.

2 From your dashboard, scroll to the "My Info Section". At the bottom of this you'll see the button "Edit my contact details".

Click "Edit my contact details".



The screenshot displays a user's profile information in a light blue-themed interface. On the left, there is a placeholder for a profile picture. The main content area is divided into sections for contact information:

- Email:** john.doe@unimed.co.nz
- Address:** 165 Gloucester Street, Christchurch Central City, 8011, Christchurch, NZ
- Postal code:** 8011
- Town / City:** Christchurch
- Phone number:** 02712345678

At the bottom of this section, a dark blue button with white text and a circular highlight reads "Edit my contact details".

3

From here you can update your first and last name, your email, phone number and address.

The screenshot shows a user profile update form. It includes several input fields: a top header field, a 'Last name' field containing 'Doe', a 'Date of Birth' field containing '02/01/1980', a 'Phone number' field containing '02712345678' (with an orange circle highlighting the number), and an address field containing 'Christchurch Central City, 8011, Christchurch, NZ'. Below the address field is a contact information note: 'For more help with any of the above fields, please contact us at [members@unimed.co.nz](mailto:members@unimed.co.nz) or [0800 600 666](tel:0800600666)'. A blue 'Submit' button is visible at the bottom right.

4

Once you've made the necessary changes you can press "Submit".

This screenshot shows the same user profile update form as above, but with an orange circle highlighting the blue 'Submit' button at the bottom right. The form fields and their content are identical to the previous screenshot.

5

You'll receive this message which explains that any changes you've just made, will take some time to update in the system.

[< Back: Member Portal](#)

## Update your contact details



### Thank you for updating your contact details

Please note that your changes are pending a few days to show up in the Member Portal. If you wish to submit a claim, you can proceed.

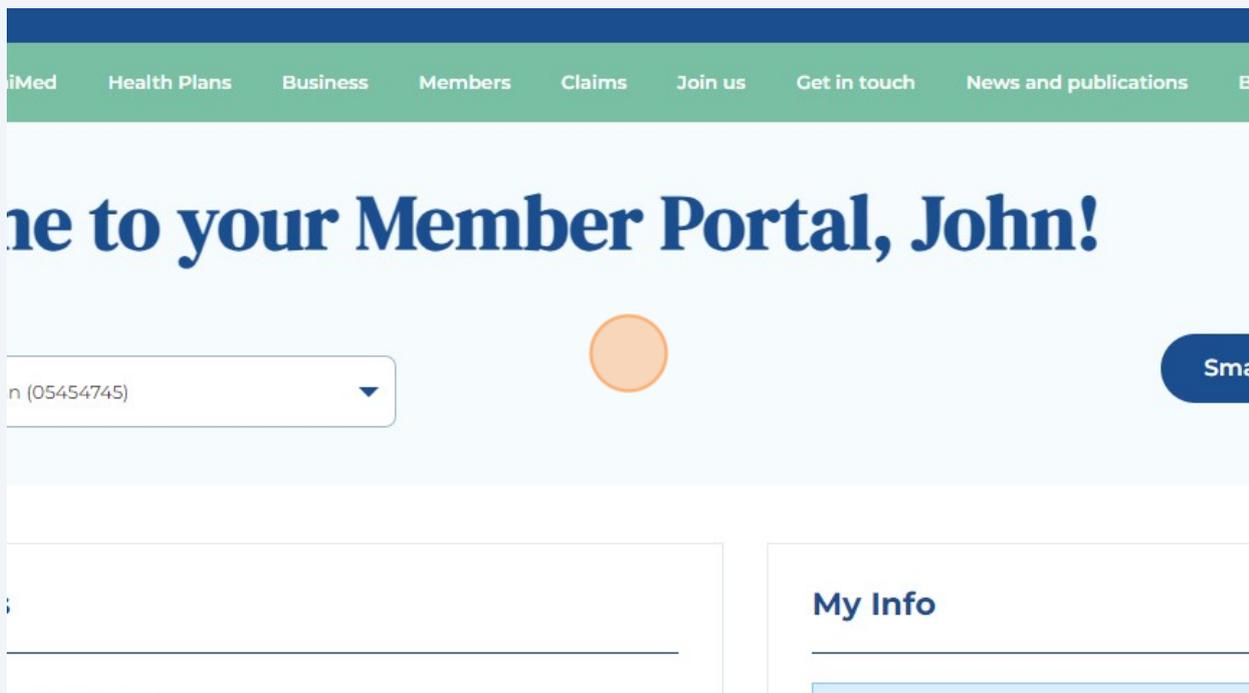
[Return to the Member Portal.](#)

# How to add a family member to your Health Plan

1 Navigate to [unimed.co.nz](https://unimed.co.nz)

Sign into your Member Portal using your username and password.

2 From your dashboard, scroll to the "View Family Members" section.



3

Here you'll see any family members previously added to your policy. At the bottom of this you'll see the button Add family members, click this.

**View Family Members**

---

Jane Doe  
Date of birth 01/01/1980

**Add family members**

**Change My Cover**

---

If you would like to explore changes to your cover, select one of the options below to

4

You'll come to the Add family member page. Read through the details on the page before proceeding, these are:

- There might be a cost to add a family member and we might ask for extra information to help us add your family members.
- The family member you're adding needs to be either a NZ citizen, holder of a resident visa or holder of a work visa for a minimum of two years or otherwise entitled to free public healthcare as determined by the Ministry of Health.

## Add family member

### Enter your new family member's details

Please note there may be a cost for adding a family member to your plan and we may also request additional information to complete your request.

Please ensure the family member you are adding is either a New Zealand citizen, holder of a resident visa or holder of a work visa for a minimum of two years or otherwise entitled to free public healthcare for all services as determined by the Ministry of Health.

Relationship  
Select --

First name(s) \* Last name \*

5

If you're comfortable to proceed, complete the form by selecting whether you're adding a spouse or child to your policy, the date you wish their cover to start, their first and last names, their gender at birth and their date of birth.

### Enter your new family member's details

Please note there may be a cost for adding a family member to your plan and we may also request additional information to complete your request.

Please ensure the family member you are adding is either a New Zealand citizen, holder of a resident visa or holds a permanent residence status for a minimum of two years or otherwise entitled to free public healthcare for all services as determined by the Minister of Health.

Relationship  
Select --

First name(s) \*

Last name \*

Sex at Birth \*  
Select --

Date of birth \*  
dd/mm/yyyy

Use my primary policyholder contact details

6

If they have the same contact information as you, then you can keep this box ticked here which means we'll use the details we have on file. If you untick this box you can add in their own email and phone number.

Relationship  
-- Select --

First name(s) \*

Last name \*

Sex at Birth \*  
-- Select --

Date of birth \*  
dd/mm/yyyy

Use my primary policyholder contact details

Please note all claims and policy related correspondence will be sent to the primary policyholder contact details.

Email address  
john.doe@unimed.co.nz

Phone number  
0271234567

Submit

**7** Once you're set, press submit.

-- Select -- dd/mm/yy

Use my primary policyholder contact details

Please note all claims and policy related correspondence will be sent to the prim

Email address  
john.doe@unimed.co.nz

Phone number  
0271234567

**Submit**



**Protecting your privacy**

This is a secure online portal for you to easily review and manage information you submit through this portal will be accessed and administering your health insurance plan. You can read [UniMed's](#)

**8** After clicking submit you will see this message.

About UniMed   Health Plans   Business   Members   Claims   Join us   Get in touch

< **Back:** Member Portal

# Add family member

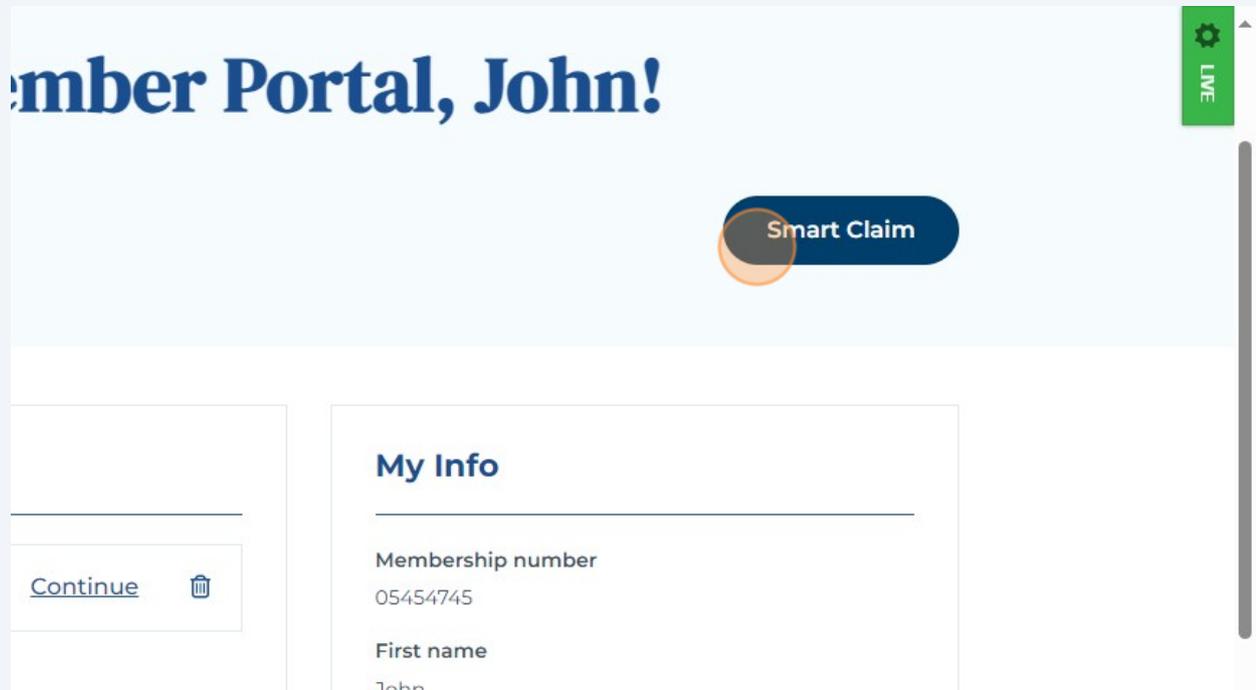
**Thank you for your request.**

We will process your request shortly and inform you of the outcome.

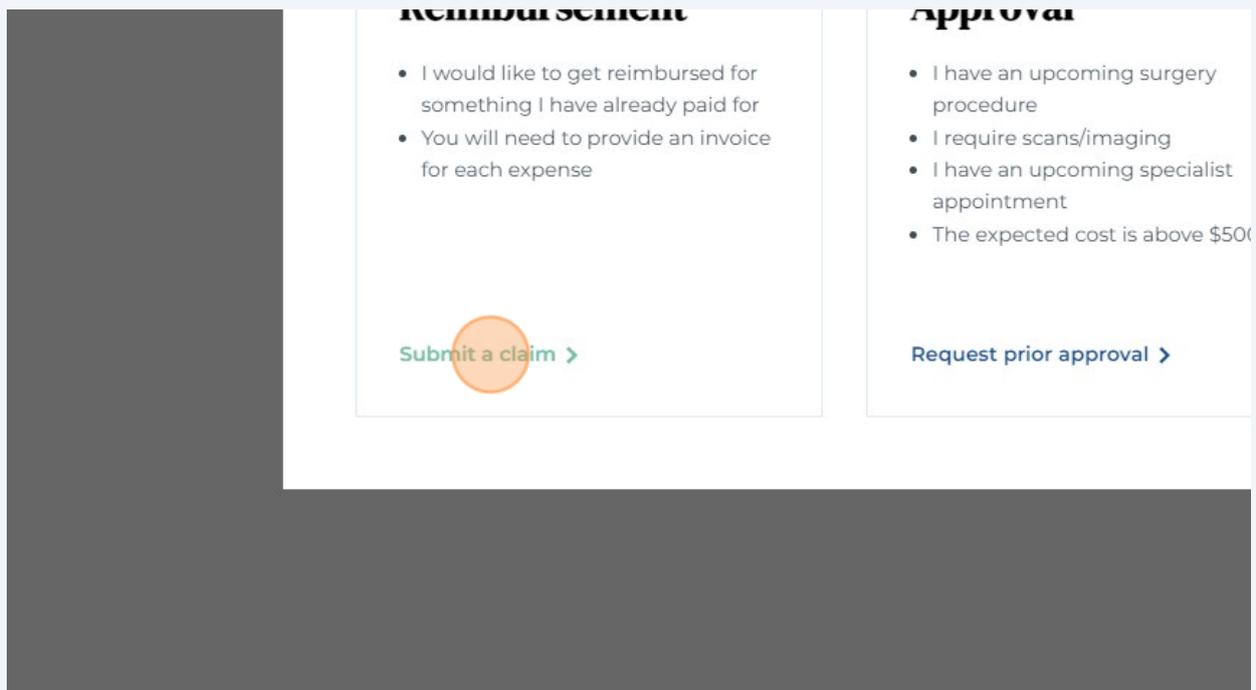
**Protecting your privacy**

# How to submit a claim

1 Click "Smart Claim"



2 Click "Submit a claim"



3

If you have multiple policies, then check that you are claiming against the correct policy.

< **Back:** Member Portal

## Submit a claim

You are claiming against **policy** Hospital Select Base Plan (0545474

### Review your member details

First name  
John

Last name  
Doe

4

Check that your member details are correct.

### Review your member details

First name  
John

Last name  
Doe

Membership number  
05454745

Address  
165 Gloucester Street, Christchurch Cent

Email  
john.doe@unimed.co.nz

Phone number  
02712345678



**Helpful tip:** If you need to update any of this information, you can use our [Update Account Details](#) form.

**5** Check that your bank account details are correct.

 **Helpful tip:** If you need to update any of this information, you can use our [Update Account Details](#) form.

### Check your bank account details

Bank Account Number  
00-0000-00000000-000

Update your bank account 

**6** Select the name of the person for who the claim is for.

Update your bank account 

### Enter the details of your visit

Patient name \*  
Select...

Service provider \*  
Select...

Date of visit \*  
dd/mm/yyyy

Reason for visit / Nature of illness \*

Amount paid or invoiced \*

7

Select the service provider from the dropdown list.

**Enter the details of your visit**

Patient name \*  
John Doe (02/01/1980) ▼

Service provider \*  
Select... ▼

Date of visit \*  
dd/mm/yyyy

Reason for visit / Nature of illness \*

Amount paid or invoiced \*

**Do you have another visit to claim for?** You can do this by selecting 'Add another visit' k

8

Enter the reason for the visit.

**Enter the details of your visit**

Patient name \*  
John Doe (02/01/1980) ▼

Service provider \*  
Dental ▼

Date of visit \*  
dd/mm/yy

Reason for visit / Nature of illness \*

Amount paid or invoiced \*

**Do you have another visit to claim for?** You can do this by selecting 'Add a

Add another visit 🗲

**9** Enter the date of the visit.

dd/mm/yyyy

You can do this by selecting 'Add another visit' below.

**10** Enter the amount paid.

John Doe (02/01/1980)

Service provider \*  
Dental

Date of visit \*  
07/06/2024

Reason for visit / Nature of illness \*  
Cavity

Amount paid or invoiced \*

Do you have another visit to claim for? You can do this by selecting 'Add another visit' below

Add another visit +

**11** If you have another visit to claim for, click "Add another visit".

Reason for visit / Nature of illness \*

Cavity

Amount paid or invoiced \*

\$150

**Do you have another visit to claim for?** You can do this by selecting 'Add another visit' below.

Add another visit 

Attach receipts for this claim **0 of 15MB** \*

**12** Then enter the details of that visit.

Amount paid or invoiced \*

\$150

Patient name \*

John Doe (02/01/1980)

Service provider \*

Select...

Date of visit \*

dd/mm/yyyy

Reason for visit / Nature of illness \*

Amount paid or invoiced \*

**Do you have another visit to claim for?** You can do this by selecting 'Add another visit' below.

13

Once you've entered the details of all of the visits you wish to claim for, you will need to upload the relevant invoices.



### Upload files

Drop your files here to upload  
or click to browse.

Browse

**Please make sure all your files loaded (in total) do not exceed the 15MB limit**

Please ensure that your invoice includes the Invoice number, Treatment Date, Patient's Name, Treatment Provider, and Treatment Cost. Additionally, ensure that the EFTPOS receipts do not obscure any information on the invoice.

Please upload files in jpg, pdf, png, gif, tiff, xlsx, or docx formats. We highly recommend converting your documents to PDF files before uploading.

14

Read the declaration and privacy statements.

### Declaration

Are the events under this claim subject to reimbursement from another Health Insurer? \*

Yes  No

The Privacy Act 2020 provides you with certain rights relating to the information which we collect. We recommend that you review our [Privacy Statement](#) prior to submitting this claim.

*Before you submit:* Please make sure all questions have been answered honestly and completely, and that all relevant supporting information, including any invoices, is provided. If you have not provided complete or accurate information, your claim may be delayed or declined. If you provide information that is false or misleading, this may result in the cancellation of your membership with UniMed.

In order to assess and process your claim we may need to share or obtain further information or documents from other parties, such as any treatment provider or your GP. All information collected will be used for the purpose of processing your claim.

15

If you are not ready to submit your claim, you can click "Save as draft" and come back to it later. The system will hold your draft for 30 days.

Information entered above is valid and true. \*

Date Submitted  
21/06/2024

**Save as draft** **Submit**

**privacy**  
Information submitted using this form will be collected and held in accordance with UniMed's [Privacy](#).

16

If you have uploaded all invoices and are ready to submit, then click "submit".

Information entered above is valid and true. \*

Date Submitted  
21/06/2024

**Save as draft** **Submit**

Information submitted using this form will be collected and held in accordance with UniMed's [Privacy](#).

17

Once your claim is submitted, it will go to the UniMed Membership Services Team who will process it. The claim will not show in your Claim History until it's been processed.

[← Back: Member Portal](#)

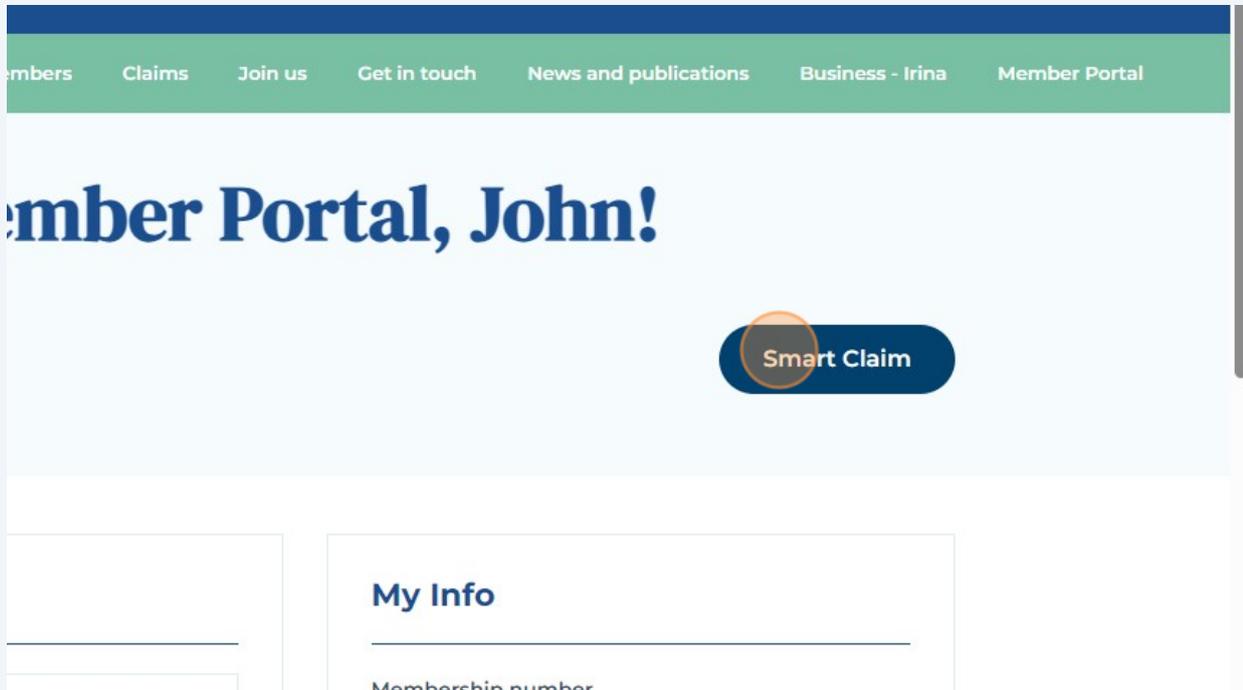
## Submit a claim

**Thank you for submitting your claim.**

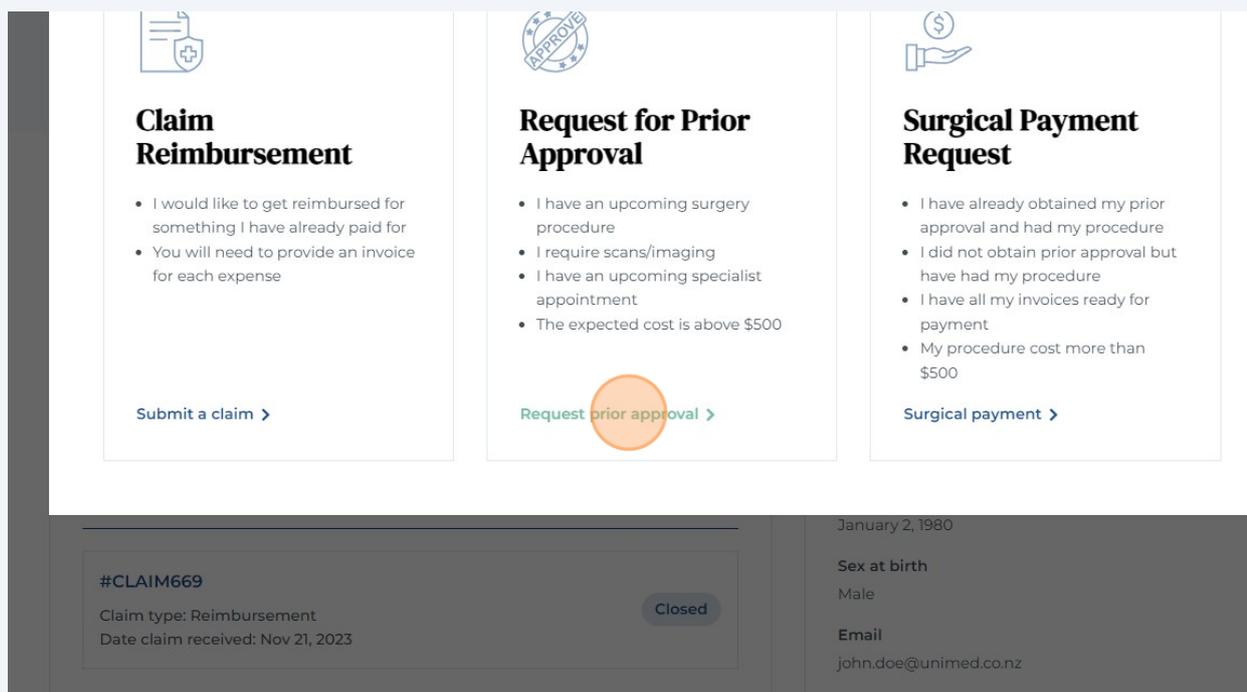
We will be in touch shortly. If you need to contact us urgently, please email [claims@unimed.co.nz](mailto:claims@unimed.co.nz) or call 0800 600 666.

# How to submit a request for prior approval

1 Click "Smart Claim"



2 Click "Request prior approval"



3

If you have multiple policies, then check that you are requesting prior approval for the correct policy.

< **Back:** Member Portal

# Request for prior approval

You are claiming against policy Hospital Select Base Plan (054547

## Review your member details

First name

John

Last name

Doe

4

Review your member details.

## Review your member details

First name

John

Last name

Doe

Membership number

05454745

Address

165 Gloucester Street, Christchurch Cen

Email

john.doe@unimed.co.nz

Phone number

02712345678



**Helpful tip:** If you need to update any of this information, you can use our [Update Account Details](#) form.

**5** Enter the details of the person for whom prior approval is being requested.

### Details of the person for whom prior approval is being requested

Patient name * Select...	Date of procedure (if known) dd/mm/yyyy
-----------------------------	--

Select...  
John Doe (02/01/1980)  
Jane Doe (01/01/1980)

### Attach invoices for this request \*

Please ensure that you upload the following information:

**6** Read the information about what you need to provide for your prior approval request.

### Attach invoices for this request \*

**Please ensure that you upload the following information:**

Unfortunately, we will not be able to process your request without this information.

- ✓ Estimated costs for the service/procedure,
- ✓ Referral, consultation notes and/or medical information relevant to this Prior Approval request,
- ✓ If your request relates to a service/procedure that has been **declined by ACC**, please provide copies of ACC's decision and supporting information.



**7** Upload the required documents by clicking "Browse".



**Upload files**

Drop your files here to upload  
or click to browse.

**Browse**

**Please make sure all your files loaded (in total) do not exceed the 15MB limit**

Please ensure that your invoice includes the Invoice number, Treatment Date, Patient's Name, Treatment Provider, and Treatment Cost. Additionally, ensure that the EFTPOS receipts do not obscure any information on the invoice.

Please upload files in jpg, pdf, png, gif, tiff, xlsx, or docx formats. We highly recommend converting your documents to PDF files before uploading.

**8** Read the declaration and privacy statement.

Are the events under this claim subject to reimbursement from another Health Insurer? \*

Yes  No

The Privacy Act 2020 provides you with certain rights relating to the information which we collect. We recommend that you review our [Privacy Statement](#) prior to submitting this request.

*Before you submit:* Please make sure all questions have been answered honestly and completely, including any invoices. If you have not provided complete or prior approval, may be delayed or declined. If you provide information that is false or misleading, ongoing membership with UniMed.

I have read and agree with the above conditions and the [Consent Disclaimer](#). \*

## 9 Then click "Submit"

have been answered honestly and completely and that you have provided invoices. If you have not provided complete or accurate information, your provide information that is false or misleading, this may also affect your

ns and the [Consent Disclaimer](#). \*

Submit

n will be collected and held in accordance with UniMed's [Privacy](#)

## 10 Once you've submitted your request, it will go to our team for review.

ick: Member Portal

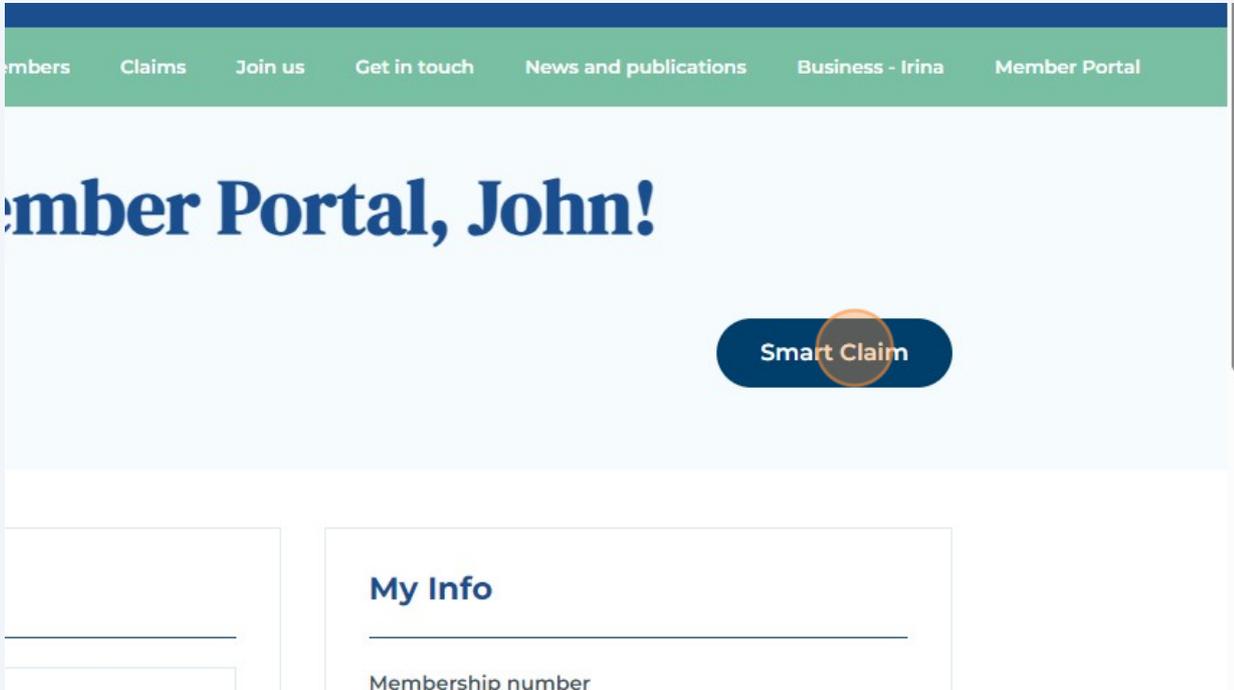
# request for prior approval

### Thank you for submitting your request

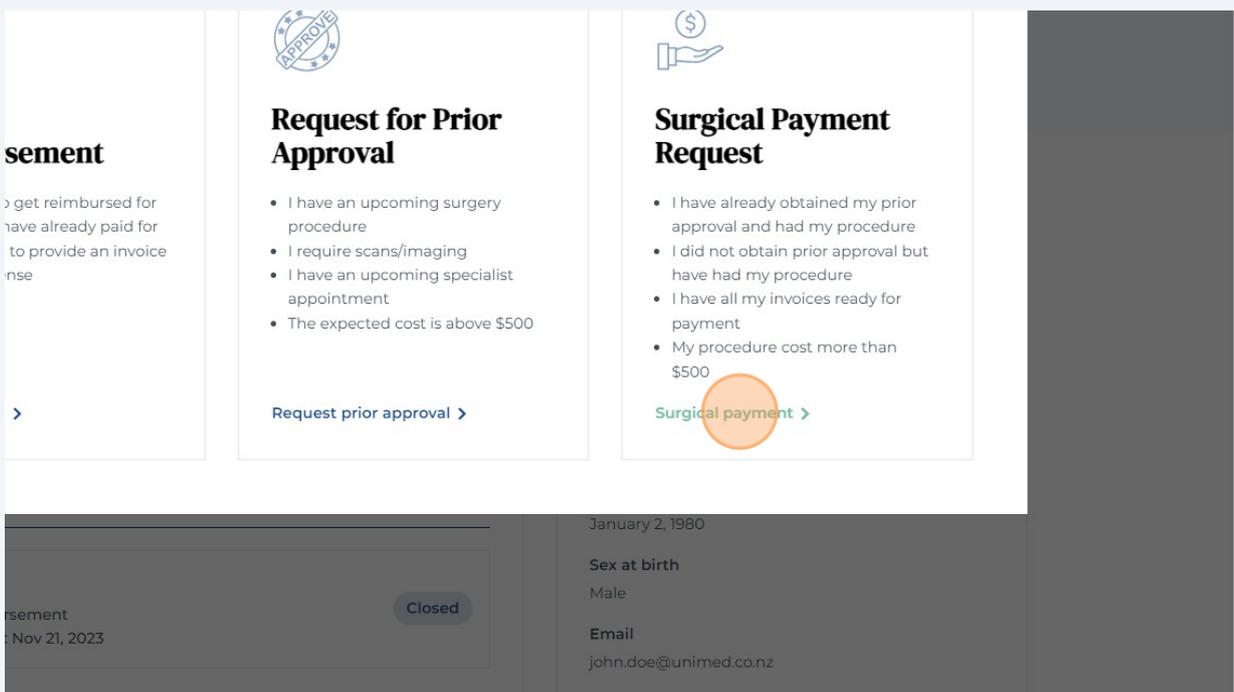
We will be in touch shortly. If you need to contact us urgently, please email [claims@unimed.co.nz](mailto:claims@unimed.co.nz) or call 0800 600 666.

# How to submit a surgical payment claim

1 Click "Smart Claim"



2 Click "Surgical payment"



3

If you have multiple policies, then check that you are submitting a surgical payment for the correct policy.

[< Back: Member Portal](#)

## Surgical payment

You are claiming against policy Hospital Select Base Plan (054547

### Review your member details

First name

John

Last name

Doe

4

Review your member details.

### Review your member details

First name

John

Last name

Doe

Membership number

05454745

Address

165 Gloucester Street, Christchurch Central City, 8

Email

john.doe@unimed.co.nz

Phone number

02712345678



**Helpful tip:** If you need to update any of this information, you can use our [Update Account Details](#) form.

**5** Enter the details for whom the surgical payment reimbursement is being claimed.

**Details of the person for whom reimbursement is being claimed**

Patient name \*  
Select...



Prior approval number (if known)

**Attach invoices for this claim \***



**6** Upload the necessary documents to support your surgical payment claim.



**Upload files**

Drop your files here to upload  
or click to browse.



**Please make sure all your files loaded (in total) do not exceed the 15MB limit**

Please ensure that your invoice includes the Invoice number, Treatment Date, Patient's Name, Treatment Provider, and Treatment Cost. Additionally, ensure that the EFTPOS receipts do not obscure any information on the invoice.

Please upload files in jpg, pdf, png, gif, tiff, xlsx, or docx formats. We highly recommend converting your documents to PDF files before uploading.

**7** Read the declaration and privacy statements.

**Declaration**

Are the events under this claim subject to reimbursement from another Health Insurer? \*

Yes  No

The Privacy Act 2020 provides you with certain rights relating to the information which we collect in the claim. We recommend that you review our [Privacy Statement](#) prior to submitting this claim.

*Before you submit:* Please make sure all questions have been answered honestly and completely and that you have provided all relevant supporting information, including any invoices. If you have not provided complete or accurate information, your claim, may be delayed or declined. If you provide information that is false or misleading, this may also affect your membership with UniMed.

I have read and agree with the above conditions and the [Consent Disclaimer](#). \*

**8** Click "Submit"

...have been answered honestly and completely and that you have provided all relevant supporting information, including any invoices. If you have not provided complete or accurate information, your claim, may be delayed or declined. If you provide information that is false or misleading, this may also affect your ongoing membership with UniMed.

...ns and the [Consent Disclaimer](#). \*

**Submit**

...n will be collected and held in accordance with UniMed's [Privacy Statement](#).

9

Once you've submitted your surgical payment claim, it will go to our team to be reviewed and processed.

ck: Member Portal

## Surgical payment

**Thank you for submitting your claim.**

We will be in touch shortly. If you need to contact us urgently, please email [claims@unimed.co.nz](mailto:claims@unimed.co.nz) or call 0800 600 666.

UniMed

[unimed.co.nz](http://unimed.co.nz)