

BEFORE THE CODE	WITH THE CODE
<p>I made a TPD claim for a mental health condition. The insurer made multiple requests for information from me, which delayed the claim process. When I followed up about the time it was taking, it was hard for me to understand exactly where the claim was at or what the process was, or what more was needed to make a decision.</p>	<p>I made a TPD claim for a mental health condition. I felt that the person who was assigned to be my primary contact understood my condition and treated me appropriately, and explained why certain information would be required for my claim.</p>
<p>Because I couldn't work due to my condition, I told my insurer I was in financial hardship and that I was relying on Centrelink to cover household bills. I was told that TPD claims take time and a decision would be made when all the information was received.</p>	<p>Because I couldn't work due to my condition, I told my insurer I was in financial hardship and that I was relying on Centrelink to cover household bills. After I gave the insurer my Centrelink statements, I was told within 5 days that the assessment and decision on my claim would be fast-tracked due to my financial hardship. This was also confirmed in writing.</p>
<p>I was contacted by a man who said he was coming round to my home to interview me. I didn't understand why the interview was required, and as English is my second language I didn't understand some of the questions being asked. Due to my mental health condition, the interviewer's manner made me very anxious, and I was uncomfortable having a stranger in my home while I was on my own.</p>	<p>I was contacted by a man who explained he was working on behalf of my insurer and wanted to interview me to discuss my claim. He told me over the phone that he had a background working with people who had mental health issues, and asked if I would like to have a support person with me at the interview. He also asked if I was comfortable having the interview at my home.</p> <p>As English is my second language, I asked to have an interpreter at the interview, and this was arranged by the insurer. I also asked if it was possible to have a female interviewer, and this was also arranged.</p> <p>I felt that the interviewer treated me with respect and sensitivity, and said it was fine for me to take breaks during the two-hour interview when I felt overwhelmed.</p>
<p>I was contacted by someone from my insurer that I would be required to attend an independent medical examination. They told me who the doctor was who would be conducting the examination, and the date and time that I would have to have the appointment.</p>	<p>My primary contact at the insurance company told me that I would need to attend an independent medical examination. He explained that insurers hold their independent medical assessors to high standards, and that they must also comply with ethical guidelines. I was able to choose an assessor from a list of doctors nominated by the insurer, which allowed me to go to someone near my home.</p>
<p>More time passed without me hearing anything from the insurer. I was concerned about whether my condition had been fully understood.</p> <p>Eventually I received a letter from the insurer that the claim had been accepted and a lump sum was paid to me.</p>	<p>I heard from my primary contact at least every 20 business days to let me know how my claim was progressing.</p> <p>About six weeks after my independent medical assessment, I was notified that my TPD claim was accepted. Because the claim was to be paid in a lump sum, my insurer suggested that I might want to seek financial advice to help manage the claim payment.</p>