

This form, fully completed, must be received by Accuro Health Insurance at least five (5) working days prior to surgery.

Please write clearly and in capital letters

1 Details of main member

Membership number _____

Name of main member _____ Date of birth _____ / _____ / _____
dd mm yy

Postal address _____

Town/City _____ Postcode _____

Telephone numbers Home [] _____ Business [] _____

Mobile [] _____ Home email _____

Fax [] _____ Business email _____

2 Patient and Procedure Details

Name of patient _____ Date of birth _____ / _____ / _____
dd mm yy

Full name of your usual GP _____

Intended procedure _____

Reason for procedure _____

Intended date of procedure _____ Hospital _____

Name of referring medical practitioner _____

Address _____

Town/City _____ Postcode _____

Name of the specialist/surgeon _____

Address _____

Town/City _____ Postcode _____

Date of first specialist consultation _____ / _____ / _____
dd mm yy

What other treatment was offered (if any)? _____

Please attach a copy of the original GP referral and specialist report

3 History of Symptoms

What were the symptoms? _____

How long were the symptoms present before the first consultation? _____

When was medical (or other) advice first sought? _____

What was the initial diagnosis? _____

What treatment was provided (if any)? _____

Is there any other source of assistance with the costs of the proposed operation No ☐ Yes ☐

If YES, state the amount \$ _____ Name of source _____

4 Accident Compensation

Is the surgery to be performed by an ACC nominated provider? No ☐ Yes ☐

If so, what reason is given for ACC not paying the full costs of the elective procedure by the nominated provider?

If the procedure is to be performed by other than an ACC nominated provider, please state the reason for this:

5 Quote for the cost of procedure

Please ensure that the quote is accurate by asking the surgeon to help you complete the details.

Surgeon fees \$ _____ Hospital accommodation (in days) _____

Anaesthetist fees \$ _____ Hospital accommodation (per day) \$ _____

Theatre fee \$ _____ Sundry expenses \$ _____

Diagnostics \$ _____ Prosthetics \$ _____

Total estimate \$ _____

6 Declaration and authorisation

I seek confirmation that the costs of the proposed procedure are eligible for benefits within the entitlement of my Plan and declare that to the best of my knowledge, the information provided is true and correct. In signing the declaration I authorise Accuro Health Insurance to obtain from your records, other insurers or other parties, any information relating to this claim made by me if it is required and authorise those persons to respond on my/our behalf. I understand that failure to make this declaration truthfully may delay the response and could invalidate the claim.

I also authorise Accuro Health Insurance to deduct my contribution (where relevant) towards the costs of the procedure.

Patient's name in full _____

Signature of patient (aged 16 years and over) _____ Date

dd	/	mm	/	yy

Signature of main member _____ Date

dd	/	mm	/	yy

7 Privacy statement

Privacy of information relating to you and your dependants covered under your policy is governed by the Privacy Act, and in relation to health information, by the Health Information Privacy Code. You have the right to access to, and to request correction of, any personal information held by Accuro Health Insurance.

8 Checklist

Please check that you have completed the following:

- ☐ Have you have completed all your personal details and answered all medical history questions? *You may wish to ask your doctor or surgeon to assist you in completing this form.*
- ☐ Have you attached a copy of the initial medical referral? *A surgeon's report may be requested at a later stage.*
- ☐ Have you asked your surgeon to provide likely costs for this treatment, including surgery and anaesthetic fees?
- ☐ Have you provided details on likely additional costs such as accommodation costs, theatre fees, equipment cost? *You can contact the private hospital you are considering for treatment and they can assist you with this.*
- ☐ Do all the costs provided include GST?
- ☐ Have you provided the full details of any other assistance such as ACC, another insurer etc?
- ☐ If you have assistance or have been declined by ACC have you attached the ACC letter confirming the decision?
- ☐ Has the patient (if aged 16 years and over) signed the form?
- ☐ Has the main member signed the form?

Please return all completed forms to:

Accuro Health Insurance

P O Box 10075

Wellington 6143

or fax to (04) 473 6187