

# Pre-approval form

This form, fully completed, must be received by Accuro Health Insurance at least two working days prior to surgery. **Please write clearly.**

## 1 Details of main member/guardian

Membership number			
Name			Date of birth <b>DD / MM / YY</b>
Postal address	Street		
	Town/city		Postcode
Telephone	Home (    )	Business (    )	
	Mobile		
Email			
I authorise information about the details of this pre-approval/claim to be provided to my adviser			<input type="radio"/> Yes <input type="radio"/> No

## 2 Patient and procedure details

Name of patient			Date of birth <b>DD / MM / YY</b>
Intended procedure/ consultation			
Reason for procedure/ consultation			
Intended date of procedure/consultation	<b>DD / MM / YY</b>	Hospital	
Name of specialist/surgeon			
Date of first specialist consultation	<b>DD / MM / YY</b>		

Please attach a copy of the original GP referral and specialist report.  
If your policy is less than five years old, a medical report may also be required.

## 3 History of symptoms

What were the symptoms?		
How long have the symptoms been present for?		
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?		<input type="radio"/> Yes <input type="radio"/> No
If yes, please state the amount they are covering	\$	Name of source

## 4 ACC

Is this an ACC-related condition?	<input type="radio"/> Yes <input type="radio"/> No
If yes, has a claim for this condition been lodged with ACC?	<input type="radio"/> Yes <input type="radio"/> No
If yes, has ACC accepted cover for this condition?	<input type="radio"/> Yes <input type="radio"/> No

Please attach any ACC acceptance or decline documents

**Please be aware that Accuro's terms and conditions require that you seek cover through ACC before seeking cover through Accuro. If ACC declines cover, we welcome you to apply for cover under your policy.**

## 5 Quote for the cost of the procedure

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

Surgeon's fees	\$	Hospital accommodation (in days)	
Anaesthetist's fees	\$	Hospital accommodation (per day)	\$
Theatre fees	\$	Sundry expenses	\$
Diagnostics	\$	Prosthetics	\$
Consultation fees	\$	<b>Total estimate (GST inclusive)</b>	\$

## 6 Declaration/Privacy Act

Privacy of information relating to you and your dependents/children 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 and request correction of any personal information held by Accuro Health Insurance.

By checking the box next to my name, I declare that all particulars shown on this form are true and correct, that this claim is made in accordance with the conditions of my membership and that Accuro Health Insurance is hereby authorised to obtain copies of the medical records of the person, to which this claim relates, that they may require. I declare that this claim is made in accordance with my policy document and the rules of Accuro Health Insurance.

Patient's name in full	
Click to sign the declaration (patient aged 16 years and over)	Signed date DD / MM / YY
Click to sign the declaration (main member/guardian)	Signed date DD / MM / YY

## 7 Checklist

Please check that you have completed the following:

<input type="radio"/>	Have you completed all personal details and answered all medical history questions? You may wish to ask the doctor or surgeon to assist you in completing this form.
<input type="radio"/>	If you have had your policy for less than five years and were underwritten, have you attached a completed Accuro medical report form? This needs to be completed by the patient's GP and can be obtained from our website or by calling us on 0800 222 876.
<input type="radio"/>	Have you asked the surgeon to provide likely costs for this treatment, including surgery, hospital (accommodation, theatre fees, equipment costs) and anaesthetic fees?
<input type="radio"/>	Have you provided the full details of any other assistance? eg. ACC or another insurer
<input type="radio"/>	If you have assistance or have been declined by ACC, have you attached the ACC letter confirming their decision?
<input type="radio"/>	Has the patient (if aged 16 years and over) and the main member/guardian signed this form?