accuro health insurance

Claim form

Please read the information below before completing your claim. When completed post to PO Box 10075, Wellington 6143.
If you have any questions please call toll free on 0800 ACCURO (0800 222 876).

Please use BLOCK LETTERS

1 Details of main member

Membership number

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First name(s)

Residential address

Town/City Postcode

Postal address (if different)

Town/City Postcode

Telephone numbers Home ( ) Business ( )

Mobile ( ) Email

2 **Refund** Direct credit to bank account

Bank account number

Bank/Branch Number Account Number Suffix

3 **Surgical claims section** Please attach the itemised accounts and complete this section.

Pre-approval number

Patient name Date of birth dd / mm / yy

Name of surgery/procedure

ACC ☐ No ☐ Yes Date of injury dd / mm / yy

If you wish us to reimburse the provider directly, please tick the 'Pay provider directly' box.

Procedure	Name of provider/facility	Date of procedure	Amount charged	Pay provider directly
Diagnostic test (i.e. MRI/CT scan)				☐
Initial consultation				☐
Surgeon				☐
Anaesthetist				☐
Hospital				☐
Other surgical expenses				☐

Total amount charged $

4 Medical claims section

Important information

To enable accurate and efficient assessment of this claim, please ensure that you have:

- ☐ Checked that the itemised account(s) includes:
  - the date of treatment/service
  - the name of the patient
  - the name of the health services provider who provided the treatment/service
  - GP referral letter and/or specialist letter (if applicable).
- ☐ Attached the itemised account(s) and evidence that payment has been made (EFTPOS and credit card receipts or statements without itemised account(s) are not acceptable).
- ☐ Checked that receipts for prescription items show the name of the drug.
- ☐ Checked that the 'Full details of nature of illness or treatment received' column on this claim form has been completed with the actual condition/symptoms e.g. chest infection.
- ☐ Checked that the main member has signed the declaration below.
- ☐ Checked that claims have been submitted within 12 months of the date of treatment.
- ☐ Checked that any optical claims have been endorsed and itemised by the optometrist with confirmation that the spectacles or contact lenses are necessary because of a change of vision.

5 Declaration/Privacy Act

This claim form collects personal information about you and those covered under your plan for the purpose of evaluating your claim. The intended recipient of this information is Accuro Health Insurance. The information is being collected and held by Accuro Health Insurance, PO Box 10075, Wellington. Failure to provide the information requested may result in your claim being declined. You have the right to access and request correction of this information in accordance with the Privacy Act 1993.

This declaration must be signed in order for your claim to be paid.

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 any medical records which they may require. I declare that this claim is made in accordance with my policy document and the Rules of Accuro Health Insurance.

☐ I authorise information about the status of this claim to be provided to my adviser.

Main member signature _____ Date signed ____ / ____ / ____
dd mm yy

Details of claims:

First name of patient	Date of Treatment	Treatment provider (Doctor's name etc)	Full details of nature of illness or treatment received	Amount
Susan	15/01/10	Dr Steve Smith	Eye infection	$80.00
			Total amount charged	$

Attach all itemised accounts and receipts here, in date order please.

Details of claims: continued

First name of patient	Date of Treatment	Treatment provider (Doctor's name etc)	Full details of nature of illness or treatment received	Amount

Total amount charged $

6 Exclusions

No claim will be accepted for, or in association with, the following conditions or events unless specifically provided for in the Schedule of Benefits or Policy Document for your plan.

1. Health conditions

1.1 Psychiatric and/or psychological treatment or counselling; pre-senile dementia, senile illness or dementia, geriatric care including geriatric hospitalisation.

1.2 A condition in connection with the use of non-prescription drugs.

1.3 AIDS or HIV infection or any condition arising from the presence of AIDS or HIV infection; sexually transmitted diseases.

1.4 Chronic conditions, including but not limited to Marfan's syndrome, cystic fibrosis, spina bifida, polycystic kidney disease, kyphoscoliosis and pectus excavatum.

1.5 Conditions that, to the knowledge of the Member, existed prior to the start of eligibility for benefits, unless declared in the Member's application and accepted by Accuro Health Insurance, including a known congenital condition.

1.6 Any acute care.

1.7 Any health condition as a consequence of war, invasion, act of foreign enemy, terrorist insurrection, hostilities (whether war is declared or not), civil war, rebellion, revolution or military or usurped power.

1.8 Any long-term care.

1.9 Palliative care.

1.10 Contraception of any kind, treatment or diagnosis of infertility; pregnancy, childbirth or abortion. (This exclusion is relevant to SmartCare, SmartStay and SmartCare range of plans.)

1.11 Contraception of any kind; treatment or diagnosis of infertility; all the normal effects of pregnancy, childbirth, or abortion. (This exclusion is relevant to Basic, Advanced, Value Plus, Major Medical and Real Value plan.)

2. Tests, diagnostic procedures and treatments

2.1 Preventative health care treatments and services, maintenance and/or health surveillance testing; employment-related examinations or screening; vaccination against any disease or condition; convalescence; any expense where there are no symptoms or evidence of a condition detrimental to health.

2.2 Cosmetic procedure as defined by Accuro Health Insurance and/or other enhancement/appearance medicine; procedures performed for any reason, treatment or consultations relating to obesity and/or weight loss; gender reassignment.

2.3 Specialised transfusion of blood, blood products, treatment for renal failure and renal dialysis as provided by government-funded agencies; organ donation and receipt.

2.4 Chelation therapy or similar treatment as defined by Accuro Health Insurance.

2.5 Surgery or laser treatment for the correction of visual errors, astigmatism; surgically implanted intraocular lens(es).

2.6 Specialised tertiary treatments such as heart, lung, kidney, liver and bone marrow transplants as provided by government-funded agencies.

2.7 Dental care; orthodontic, endodontic, orthognathic and periodontal treatment.

2.8 Radial keratotomy or photo-reactive keratectomy or any related complications.

2.9 Any investigation and/or treatment for sleep disturbances, snoring or obstructive sleep apnoea.

2.10 Sclerotherapy treatment unless the vascular condition is at the stage of requiring surgical treatment and a specialist vascular surgeon advises that sclerotherapy is a viable alternative treatment to a surgical intervention; sclerotherapy/endovenous laser therapy.

2.11 Circumcision, except where medically necessary.

2.12 Breast reduction and gynaecomastia.

3. General

3.1 Personal health-related appliances, for example (without limitation), hearing aids, personal alarms, orthotic shoes, crutches, wheelchairs, toilet seats and artificial limbs; medical devices, for example (without limitation), cardiac pacemakers, nerve appliances, cochlear implant, penile implant; surgical or medical appliances, for example (without limitation), glucometers, oxygen machines, respiratory machines, diabetic monitoring equipment, blood pressure monitoring equipment and/or any personal incidental expenses incurred whilst in hospital, for example (without limitation), use of phone, family meals, soft drinks or alcoholic beverages etc.

3.2 Any expense recoverable from a third party under any contract of indemnity or insurance, or any statutory scheme, or any government-funded scheme/agent.

3.3 Any medical costs incurred outside New Zealand.

3.4 Medical mishap or misadventure.

3.5 Charges for a treatment or procedure not provided by a registered medical practitioner practising within his or her scope of practice.

3.6 Avian influenza infection or any condition arising from the presence of avian influenza infection or any other nominated pandemic.

3.7 Disability or illness arising from misuse of alcohol or drugs; participation in a criminal act; intentional self-injury or attempted suicide.

3.8 New medical treatments, procedures and technologies that have not been approved by Accuro Health Insurance.

3.9 Any costs not specifically provided for under a benefit section contained in the plan.

3.10 General practitioners fees, drugs and medication.

3.11 Additional surgery performed during any operation, which is not directly related to any medical condition or treatment covered under the terms of this policy.

The Board of Directors at Accuro Health Insurance reserves the right at all times to vary the benefits and/or exclusions however it deems appropriate. In all matters that require interpretation, the Board of Directors' decision shall be final.

Accuro Health Insurance is the trading name for The Health Service Welfare Society Limited which is incorporated under the Industrial and Provident Societies Act 1908

Level 5, 79 Boulcott Street • PO Box 10075 • Wellington 6143 • New Zealand
Freephone 0800 ACCURO (0800 222 876)
Email info@accuro.co.nz • Facsimile (04) 473 6187 • www.accuro.co.nz