Critical Diagnosis Claim

UniMed

Policyholders Details

First name(s)

Last Name

Policy ID

Date of Birth (dd/mm/yyyy)

Address

Email

Phone Number

Declaration

In completing and submitting this form you consent to the collection, disclosure, and use of your information in accordance with UniMed's privacy statement (available at unimed.co.nz), the Health Information Privacy Statement contained in the UniMed Conditions of Membership.

Signature

Date (dd/mm/yyyy)

1. Critical Diagnosis Claim Details

Name of Member Claiming

Date of Birth (dd/mm/yyyy)

Please complete this form in support of your critical diagnosis claim. To assist in processing your claim, we require information relating to the health condition for which you are claiming the critical diagnosis benefit, including supporting evidence from your medical practitioner.

Please select one or more of the options listed below that are relevant to your claim:

- ☐ Cancer
- ☐ Cardiovascular / Vascular
- ☐ Organ Failure
- ☐ Loss of Function and/or Independent Living
- ☐ Other Conditions (as stated in policy document)

Details of the medical practitioner the Member has consulted:

Medical Practitioner's name

Medical Specialty

Physical Address

Phone Number

Email

2. Clinical Details (to be completed by the medical practitioner)

Please complete the following questions to help us thoroughly evaluate your patients claim. Provide as much detail as possible.

What is the health condition that has resulted in this claim?

	Date (dd/mm/yyyy)
On what date was the patient first aware of signs and/or symptoms relating to their health condition?	
On what date did this patient first seek medical advice relating to their health condition?	
On what date was the patient first informed of their diagnosis?	

Has the patient had any previous medical history relevant to the health condition associated with this claim?

◯ Yes ◯ No

If yes, please provide the details.

I declare that the information I have provided is true and complete:

Signature of medical practitioner

Date (dd/mm/yyyy)

3. Supporting Documentation (to be supplied by the medical practitioner)

To facilitate the evaluation of this claim, please ensure the inclusion of all relevant supporting documentation.

General

- A copy of the Medical Reports pertaining to the health condition
- A copy of all relevant pathology reports
- Operation notes or other details regarding treatment provided or recommended.

Loss of independent living

- A copy of the results pertaining to the functional assessment.

Get in touch

The team at UniMed are available answer any questions you may have.
Phone: **0800 600 666** (freephone)
Email: claims@unimed.co.nz

Head Office

Union Medical Benefits Society Limited
Level 3, 165 Gloucester Street, Christchurch
PO Box 1721, Christchurch 8140

unimed.co.nz