Prior Approval request form

Any field marked by an asterix (*) is mandatory and must be completed in all cases.

Member details

First name*

Last name*

Membership number

Date of birth (dd/mm/yyyy)

Address*

Email address

Date of service/procedure (if known)

Phone number

Please ensure you provide copies of the following information to support your request

(unfortunately we will be unable to process your request at this time without this information):

- Estimated costs for the service/procedure
- Referral, consultation notes and/or medical information relevant to the prior approval request

Please confirm this information has been supplied: ◯ Yes

Is this condition related to a personal injury as defined under the Accident and Compensation Act 2001?

◯ Yes ◯ No If "Yes" – date of injury or onset of condition:

Has an application been made to ACC?

◯ Yes ◯ No

Was this successful?

(please enclose copies of all correspondence between ACC, the patient and medical provider e.g. decline letter, ARTP report)

◯ Yes ◯ No

I confirm:*

◯ I have read and consent to the declaration overleaf.

◯ I have read and consent to UniMed's Privacy Statement, which can be found at: unimed.co.nz/privacy-statement

Signed:*

Full name | Signature of applicant | Date

UniMed, PO Box 1721, Christchurch 8140. Level 3, 165 Gloucester Street, Christchurch 8011.
P 03 365 4048 **FP** 0800 600 666 **F** 03 365 4066 **E** claims@unimed.co.nz
www.unimed.co.nz

This declaration is very important. Please ensure you read it carefully.

1. I hereby apply to UniMed for confirmation that my proposed surgery is covered under my chosen plan and to reimburse all Healthcare Service Providers directly.
2. I certify that all particulars shown in this form are true and correct and authorise UniMed to obtain any further information they may require in relation to this claim submitted by me or my listed dependants.
3. I acknowledge that my claim needs to be supported by appropriate evidence as UniMed may require. In addition to receipted itemised accounts showing the name of the relevant provider and the patient concerned, I acknowledge that UniMed may also require a further breakdown or manufacturer's invoice showing the cost of items used in surgery, any charges above the wholesale cost of those items or administration fees charged.
4. I authorise UniMed to act as my agent for obtaining whatever information it requires from the Healthcare Service Providers relating to my claim and relating to the cost of the healthcare service (in order for it to satisfy itself that the cost is usual and customary). This includes, without restriction, to seek information on my behalf from the Healthcare Service Provider under the Consumer Guarantees Act 1993 and I authorise the Healthcare Service Provider to provide information to UniMed.
5. I agree to co-operate with UniMed and, on UniMed's request, to assist in obtaining all appropriate evidence as UniMed may require to support the claim.
6. I have a duty to disclose ALL information relevant to this claim and to provide additional reports before the date of my surgery/procedure or treatment, should new information arise from the time I sought prior approval.
7. UniMed may disclose information related to this claim to the Healthcare Service Provider. It may disclose information related to this claim to the Integrity Register for the purposes of the detection and prevention of fraudulent and suspicious conduct.
8. I authorise UniMed to negotiate with the Healthcare Service Provider on my behalf to facilitate a reduction in the proposed and/or actual cost of the Healthcare Service where possible. If unable to do so and the charges for the Healthcare Service are above the usual and customary levels, I acknowledge and agree that if I continue with the treatment I will be responsible to the Healthcare Service Provider for the different between the usual and customary charges and the cost of treatment.
9. I acknowledge the UniMed's prior approval is an indication that the Healthcare Service is covered under my chosen plan but until UniMed issues the claims approval documentation any costs incurred are my own responsibility. If claims approval is subsequently provided, I also acknowledge that I will be responsible for any different between the usual and customary charges for the relevant health service and the cost of treatment.