

Prior approval request.



If your policy number starts with PL, this is your form.

This form is for Members on SmartCare, SmartCare+, StaffCare, StaffCare+, SmartStay and other Health Plans or group insurance schemes originally issued under the Accuro brand.



For the fastest processing please request prior approval through your Member Portal. Just login or register at unimed.co.nz/claims.

If you can't submit online, email your form to myclaim@unimed.co.nz.

Please write clearly. This fully completed form must be received at least 2 working days prior to surgery or treatment. Any field marked by an asterisk (*) is mandatory and must be completed in all cases.

1. Member/ patient details

Full name*

First name(s)

Last name

Policy/ Membership number

Date of birth* (dd/mm/yyyy)

Address*

Email

Phone number

Name of specialist/ surgeon

Date of treatment/ procedure (if known)

Date of first specialist consultation (dd/mm/yy)

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

Estimated costs for the medical treatment or procedure.

Referral, consultation notes and/ or medical information relevant to the prior approval request.

Note: we cannot process your request without this information.

A medical report may be required

If you've had your policy less than 5 years and answered health questions when you joined, a completed medical report may be required. Please call us on 0800 600 666 to find out if this applies to you. You can find the medical report form at unimed.co.nz/important-documents.

2. ACC

Does this relate to an injury?*

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 healthcare provider e.g. decline letter, ARTP report)

Yes No

Our terms and conditions require you to seek cover through ACC first if this relates to a personal injury. If ACC declines your claim, you can then apply for cover under your UniMed policy.

3. Declaration and authorisation

The personal and health information about you and those covered under your Health Plan is collected for the purpose of evaluating your claim.

Please refer to our Privacy Statement for more information about how your information will be used, our privacy practices, and your associated rights – unimed.co.nz/privacy.

Failure to provide the information requested may result in the claim being declined.

Are the events under this claim eligible for reimbursement from another health insurer?

Yes No

I declare all information provided in this form is true, correct and complete and that I have not omitted or misrepresented any information.

If this form includes information about another person, I confirm that they have authorised me to submit this form on their behalf and they understand the information I provide will be shared with UniMed.

I authorise all information and documents about this prior approval/ claim to be shared with my Adviser:

Yes No Not applicable

Member/ patient's full name

First name(s)

Last name

Signature of Member/ patient (aged 18 years and over) **Signed date** (dd/mm/yy)

Signature of Primary Member/ guardian (if Member/ patient is under 18) **Signed date** (dd/mm/yy)