

# Prior approval request.

**If your policy starts with a number (not letters) this is your form.**

This form is for Members on Health Positive, Hospital Select Plus Modules, UniCare Advantage and other Health Plans or group insurance schemes issued by UniMed.



For the fastest processing please request prior approval through your Member Portal. Just login or register at [unimed.co.nz/claims](https://unimed.co.nz/claims).

If you can't submit online, email your form to [claims@unimed.co.nz](mailto:claims@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**

**Date of treatment/ procedure** (if known)

**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.

## 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](http://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.

#### 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)