

# Pre-existing Query – Medical Practitioner Certificate

Your health is all that matters. **hbf**

This form requests information from your Medical Practitioner about signs and/or symptoms associated with the condition/s requiring hospital treatment. The Medical Referee appointed by HBF will use the information to make an informed pre-existing query assessment and allow HBF to determine the level of health insurance benefits to which you are entitled. HBF may disclose the information to you as part of the evidence considered in this matter.

A pre-existing ailment is defined in the Private Health Insurance Act 2007, section 75-15 (1) as: "the person has an ailment, illness or condition, and in the opinion of a medical practitioner appointed by the insurer that issued the policy, the signs or symptoms of that ailment, illness or condition existed at any time in the period of six months ending on the day on which the person became insured under the policy."

Please forward one form to the Medical Practitioner with whom the patient first sought the treatment for this or any related condition. Please forward the other form to the treating specialist.

## 1

### AUTHORITY TO CONSULT MEDICAL PRACTITIONER (To be completed by member)

I authorise: Name of Medical Practitioner

Address of Medical Practitioner

to provide HBF's medical referee with extracts from the clinical notes relating to hospital and/or medical treatment carried out or proposed for:

Name of Patient

Date of Birth

Gender

for proposed/period of hospitalisation from  to

Hospital

Signature of member

Member name

Member number

Your authority is required in order for HBF to determine if benefits can be provided.

## 2

### CERTIFICATE OF MEDICAL PRACTITIONER (Questions 1-7 must be completed by Medical Practitioner)

Dear Medical Practitioner

HBF requests your co-operation in providing details concerning the above patient's treatment, to determine whether the condition is a pre-existing ailment.

This form may be faxed to HBF on (08) 9265 6484, mailed to Attention: Pre-existing Officer, Support Services, HBF, GPO Box C101, Perth WA 6809 or emailed to [pre-existing@hbf.com.au](mailto:pre-existing@hbf.com.au). Please call 133 423 if you have any queries.

1. Date of hospital admission (or proposed admission)  to

2. a) Principal condition (reason for hospitalisation)

b) Procedure(s) undertaken (if any)

MBS item(s)

  
  

c) Associated conditions (if any)

  

3. Date of first attendance with you for this or related condition

4. Signs or symptoms of the condition when first seen by you:

a) consisted of

b) had commenced on  OR

c) had been present for  DAYS  WEEKS  MONTHS  YEARS

PLEASE TURN OVER

5. Are you the patient's usual General Practitioner?  Yes  No  
 If yes - Did you refer the patient to a specialist?  Yes  No  
 If yes – to whom? Name of specialist  Date of referral   
 Address of specialist  Phone

6. Are you a Specialist by whom the patient was treated?  Yes  No  
 If yes: By whom was the patient referred to you? Name of referring practitioner  Date of referral   
 Address of referring practitioner  Phone

7. Doctor's Signature  Please Print Name   
 Phone  Date  Doctor's Stamp or Provider Number   
 Please indicate:  General Practitioner  Specialist  Dentist  Other If other, please specify

### 3 PRIVACY

If you are a member completing this form, HBF will use the information you supply on this form, and the information we collect from third parties to determine if you have a pre-existing condition and your eligibility to receive benefits for treatment given by your Medical Practitioner. You consent to HBF collecting related sensitive information directly from those third parties or, if you are not the recipient of the benefit or service, you give consent on behalf of that recipient.

The Policyholder is responsible for maintaining the policy and paying premiums. So we will disclose information to them about benefit limits and treatment for all persons covered by the policy. The personal information we collect may be disclosed to our related companies. By making this claim you give your consent to us sharing the personal information we collect (including sensitive information) with related companies of HBF (the HBF Group) for the purpose of preventing and detecting fraudulent or invalid claims or misrepresentation which would cause loss to the HBF Group.

HBF is also obliged by the Private Health Insurance Act 2007 to maintain certain transaction records and make those records available to the Department of Health and Ageing, the Private Health Insurance Administration Council, the Private Health Insurance Ombudsman and Medicare Australia. We will disclose this and any other information as required by law.

If you do not provide personal information which is required, or give the authority in the declaration overleaf, HBF may not be able to determine if benefits can be provided to you.

In most circumstances you have a right to access any personal information which we collect and hold about you. Please contact us if you wish to access your personal information. We may deny your request in some circumstances and if we do this, we will tell you why.

If you are a Medical Practitioner completing this form in connection with a patient's treatment, we will collect the personal information on this form when you, or your patient, return it to HBF. HBF collects this information to decide whether to continue to provide benefits, and if so, on what terms, and to assist HBF in managing any claims made by your patient. HBF may disclose your personal information to an external consultant providing a recommendation on whether the patient has a pre-existing condition or dealing with the assessment or investigation of claims made by your patient or the Private Health Insurance Ombudsman or any other external adviser used by HBF to assist in the resolution of a dispute with your patient.

There are requirements under our health insurance policy and at law that your patient disclose to HBF all material information in relation to their treatment, and this may include the information you provide. If you do not provide the personal information requested in this form, HBF may not be able to provide benefits to your patient. You have a right to access your personal information which is held by HBF.

More information about the way we handle personal information is detailed in our Privacy Policy, which is available at [hbf.com.au](http://hbf.com.au) or on request by calling a Member Service Advisor on 133 423.