Pre-existing query – medical practitioner certificate

This form requests information from your medical practitioner regarding your upcoming hospital admission. The medical referee appointed by us will use the information to make an informed pre-existing query assessment and allow us to determine the level of health insurance benefits to which you are entitled. We 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 (Cth)*, 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 you first sought treatment for this or any related condition. Please forward the other form to the treating specialist.

To be eligible for consideration of benefits, this form must be submitted within 2 years of the date of treatment.

1 Authority to consult medical practitioner

To be completed by member, prior to sending to doctor.

I authorise: Name 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 cooperation in providing details concerning the above patient's treatment, to determine whether the condition is a pre-existing ailment.
This form may be mailed to Attention: Pre-existing Officer, Support Services, HBF, GPO Box C101, Perth WA 6839 or emailed to pre-existing@hbf.com.au. Please call 133 423 if you have any queries.

1. Date of first appointment with you for this or related condition

2. Is the condition a result of an accident? ☐ Yes ☐ No

If yes, date of accident

3. a) Principal condition (reason for hospitalisation)

b) Procedure(s) to be undertaken/medical management to be provided (or already undertaken/provided) | MBS item(s)

c) Associated conditions (if any)

Continued over

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

a) consisted of

b) had commenced on

c) had been present for days weeks months years

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. Medical practitioner's signature

Please print name

Phone

Date

Medical practitioner's stamp or provider number

Please indicate: ☐ General practitioner ☐ Specialist ☐ Dentist ☐ Other If other, please specify

3 Declaration

You consent to HBF collecting Information (including sensitive information) directly from third parties referred to on this form and to use and disclose the Information as set out in the privacy statement above or, if you are not the recipient of the benefit or service, you give consent on behalf of that recipient.

Signature of patient or guardian

Date

Your privacy

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988 (Cth)* to ensure that your personal (including sensitive) information (**Information**) is protected. HBF will use the Information in connection with your claim collected from third parties (such as medical specialists and practitioners and other health providers) (see the declaration below), to assess and process your claim. We will disclose the Information to the medical referee for assessment to assist us in determining whether to process your claim.

When you make the claim you consent to HBF collecting related sensitive information directly from the third parties described above or, if you are not the recipient of the treatment or service the subject of the claim, you give consent on behalf of that recipient.

The policy holder 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. We may also disclose the Information to service providers contracted by us to offer you services in chronic disease management or health management.

We may not be able to perform this function or only perform it to a limited extent if you do not provide us with your Information.

We may disclose your personal information to our related companies.

HBF is unlikely to transfer your Information overseas. However, in all such cases, we will take reasonable steps to ensure all entities to whom we transfer your personal information comply with the *Privacy Act 1988 (Cth)*, including ensuring appropriate security measures are taken by those entities to protect your personal information from unauthorised access and use.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy which is available at www.hbf.com.au or on request by calling HBF on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law and how to make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint.

If you have any questions about how HBF handles your Information, please contact our Privacy Officer by writing to GPO Box C101, Perth, Western Australia, 6839 or or by telephone on 1300 883 530.