

# 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](mailto: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? If yes, date of accident  
Yes No

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)

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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

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### 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

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#### Privacy statement

HBF collects, uses and discloses your Information in accordance with our [Providers/Health Practitioners Collection statement](#) and our [Privacy Policy](#) available at [hbf.com.au](http://hbf.com.au) or on request by calling an HBF member service advisor 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, 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 Member Service centre on 133 423, or at [memberexperience@hbf.com.au](mailto:memberexperience@hbf.com.au).