

MEDICAL CERTIFICATE



1. Before completing this certificate, see the back page for important information about pre-existing medical conditions.
2. Please complete all details that are relevant to you, read the declaration and sign all the relevant signature panels.
3. Mail your completed certificate (marked Private and Confidential) to the address listed below, or alternatively fax it to 1300 303 548.

| SECTION 1: Your details - to be completed by member/patient | | | | | | | | | | | | |
|--|-------------------|--|-------|--|--------|--|--------------|----------------|----------------|-------|--|--|
| Membership number | | | | | | | | | | Cover | | |
| Surname | Mr/Mrs Miss/Ms | | | | | | First name/s | | | | | |
| Patient's surname | Mr/Mrs Miss/Ms | | | | | | First name/s | | | | | |
| Date of birth | / / | | | | | | | | | | | |
| Nature of ailment, illness or condition | | | | | | | | | | | | |
| Claim details (where applicable) | | | | | | | | | | | | |
| Name of hospital | | | | | | | | | | | | |
| Period of hospitalisation from | | | / / | | to | | / / | | Number of days | | | |
| Patient authority | | | | | | | | | | | | |
| I authorise all medical practitioners whom I consulted for the above ailment, illness or condition to provide Bupa with any personal and medical information relating to my medical history and any other additional information as may be required for the purpose of determining this claim. | | | | | | | | | | | | |
| Patient's (or Guardian's if applicable) signature | | | | | | | | Date | | / / | | |
| SECTION 2: Certificate - to be completed by treating medical practitioner | | | | | | | | | | | | |
| 1. How long have you been the treating medical practitioner for the above patient? | | | Years | | Months | | Weeks | | Days | | | |
| 2. How many times has the above patient consulted you for professional advice over the past twelve months? | | | | | | | | | | | | |
| 3. Did any of the consultations provided over the past twelve months exhibit signs or symptoms which could have been indicative of the patient's current condition? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details | | | | | | | | | | | | |
| 4. I certify that in my opinion (Patient's full name) first consulted me with signs or symptoms consistent with (nature of current illness or condition) on / / (date) and in my professional opinion such signs and symptoms had been in evidence prior to this date for a period of | | | | | | | | | | | | |
| | | | Years | | Months | | | | | | | |
| | | | Weeks | | Days | | | | | | | |
| 5. Describe the nature of presenting symptoms | | | | | | | | | | | | |
| 6. Has the patient ever suffered from an episode of similar symptoms (including similar symptoms of lesser severity) or has this diagnosis been made in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, when? | | | | | | | | | | | | |
| 7. Is the condition acute or chronic? | | | | | | | | | | | | |
| 8. Final diagnosis of ailment, illness or condition(s) which determined reason for hospitalisation | | | | | | | | | | | | |
| 9. Please add any other relevant information or comments | | | | | | | | | | | | |
| Medical practitioner's name | | | | | | | | Qualifications | | | | |
| Phone number | | | | | | | | Fax number | | | | |
| Are you primarily a (please select one)? GP <input type="checkbox"/> specialist <input type="checkbox"/> surgeon <input type="checkbox"/> | | | | | | | | | | | | |
| Medical practitioner's signature | | | | | | | | Date | | / / | | |
| The fee, if any, for the completion of the above certificate and any additional information is not chargeable to the Fund. | | | | | | | | | | | | |

Mail to Bupa Hospital Claims Department Private and Confidential Reply Paid 990 ADELAIDE SA 5001



Pre-existing condition

A pre-existing condition is any ailment, illness, or condition that you had signs or symptoms of during the six months before you joined or upgraded to a higher level of cover with us. It is not necessary that you or your doctor knew what your condition was or that the condition had been diagnosed.

A condition can still be classed as pre-existing even if you hadn't seen your doctor about it before joining or upgrading to a higher level of cover.

If you knew you weren't well, or had signs of an condition that a doctor would have detected (if you had seen one) during the six months prior to joining or upgrading, then the condition would be classed as pre-existing.

A doctor appointed by us decides whether your condition is pre-existing, not you or your doctor. The appointed doctor must consider your treating doctors' opinions on the signs and symptoms of your condition, but is not bound to agree with them.

When to contact the fund

If you have less than 12 months membership on your current hospital cover, make sure you contact us **before** you are admitted to hospital and find out whether the pre-existing ailment waiting period applies to you.

We need about 5 working days to make the pre-existing ailment assessment, subject to the timely receipt of information from your treating medical practitioner(s).

Make sure you allow for this timeframe when you agree to a hospital admission date. If you proceed with the admission without confirming benefit entitlements and we (the health fund) subsequently determine your condition to be pre-existing, you will be required to pay all hospital charges and medical charges not covered by Medicare.

Emergency admissions

In an emergency, we may not have time to determine if you are affected by the pre-existing ailment rule before your admission. Consequently, if you have less than 12 months membership on your current hospital cover you might have to pay for some or all of the hospital and medical charges if:

- You are admitted to hospital and you choose to be treated as a private patient; and
- We later determine that your condition was pre-existing.

Privacy and your personal information

Your privacy and maintaining the confidentiality of your personal information is important to Bupa Australia Pty Ltd ("**we**", "**us**", "**our**"). This statement provides a summary of how we handle your personal and health information. For further information about how we handle your personal information, you should refer to our Information Handling Policy, available on our website or by calling us.

We will only collect personal information (including health information) about you and those people insured under your policy to provide, manage and administer our products and services to you and to operate an efficient and sustainable business. We are required to collect and maintain certain information about you and those on your policy to comply with the Private Health Insurance Act 2007 (Cth) and related legislation. We may also collect personal and health information about you from health service providers for the purposes of administering or verifying any claim. We may disclose your personal information to our related entities and bodies corporate, or to third parties such as healthcare providers, government and regulatory bodies, other private health insurers and any persons or entities engaged by us or acting on our behalf. If you are the policy holder, you're responsible for ensuring that each person on your policy is aware that we collect, use and disclose their personal information as set out here and in our Information Handling Policy. Each person on a policy aged 17 or over may complete a 'Keeping it confidential' form to specify who should receive information about their health claims. You're entitled to reasonable access to your personal information. We reserve the right to charge a reasonable fee for collating such information. If you or any other person on your membership do not consent to the way we handle personal information, or do not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to offer you health management programs and services. When you take out cover with us, you consent to us using your personal information to contacting you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

