Frequently asked questions about the pre-existing condition assessment process

When you take out health insurance, change funds, or change the level of cover you have, you're advised you may have to serve certain waiting periods. This includes a 12-month waiting period for pre-existing conditions.

The definition of a pre-existing condition and the 12-month waiting period are outlined in the Private Health Insurance Act (2007).

If it's been less than 12 months since you joined us or upgraded your cover, we'll usually ask you to provide documentation, so we can confirm if you're being treated for a new condition or if it's pre-existing.

What do we need to determine whether your condition is pre-existing or not?

Documentation we may require includes:

- Bupa medical certificates signed by your general practitioner (GP) and any specialists you consulted.
- Referral letters from your GP to specialist/s.
- Emergency department notes if you were treated through a hospital emergency department.
- Doctors' notes from your medical appointments.
- For injuries resulting from accidents, we will also need a medical certificate or report from the licensed practitioner you saw in the 72 hours following the accident.

What do we do with this documentation?

We'll appoint a doctor to determine whether, in their opinion, there would have been signs or symptoms of the condition evident in the 6 months immediately prior to you joining us or changing your level of hospital cover.

If our appointed doctor finds that signs or symptoms were evident, then this is considered a pre-existing condition under the Act.

Once there is sufficient information and a decision can be made, we'll notify you.

What are signs and symptoms?

A symptom is what you experience because of your condition, while signs are evidence of the condition that your doctor could have found through examination.

A doctor may find signs of a condition even if you have no symptoms and you haven't noticed anything wrong. If this is the case, you may have a pre-existing condition without realising it. A diagnosis doesn't need to have been made for a condition to be pre-existing.

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Have further questions? Talk to our friendly staff.

134 135

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I'm not a new customer, why do I have to do this?

If you've been asked to provide documentation, it's because you've upgraded your cover, or moved from a different health fund, or made some other change to your cover. Your previous product may have had coverage for this service, but your new product may have a higher level of cover or a lower hospital excess. So, if it's less than 12 months since the change was made, we'll need to find out if this service can be paid under your new level of cover, and we'll need the same sort of documentation to allow for the appointed doctor to make their assessment.

I haven't been diagnosed with anything, so do I still have a pre-existing condition?

Your doctor or specialist may say they hadn't yet diagnosed your condition and therefore you didn't have a pre-existing condition. However, our appointed doctor may determine – based on the documentation you provide as well as their own medical knowledge – that signs or symptoms of your condition had been present.

Even with the best of intentions, your doctors may not have had all the information they needed and may not be used to making this assessment for insurance purposes. It's still our appointed doctor who needs to take all these things into account, even where there has been no prior diagnosis made.

My doctor doesn't think I have a pre-existing condition. Why do they have a different opinion to you?

Your doctor may not be aware of the information provided to us by any other doctors that may have seen you. They also may not be aware of the definition of a pre-existing condition under the legislation.

Some doctors may believe you should've been experiencing signs and symptoms continuously to have a pre-existing condition, but this isn't the case. It's common with some chronic or even acute conditions (for example, ear infections or tonsillitis) for you to have experienced gaps between episodes of illness. However, the underlying cause and certain signs of your condition have been there, even if you haven't noticed it.

What other information may I be asked to provide?

It may not be clear from the documentation you provide if your condition was pre-existing and we may ask you to provide further information.

This may include:

- Records from a previous general practitioner.
- Correspondence between health professionals, or between hospitals and health professionals.
- Hospital discharge summary statements.
- Hospital inpatient records.
- Results of clinical investigations like blood tests and medical imaging.

My claim has been assessed as being due to a pre-existing condition. What do I need to tell the doctor and/or hospital?

If you have been assessed as having a pre-existing condition, we won't pay benefits for any treatment for this condition during the 12-month waiting period. It's important you discuss this with your treating professionals, so they can advise you of the treatment options available.

Treatment facilities have an obligation to provide "Informed Financial Consent". This will provide you with a list of all the costs you may be liable for if you choose to go ahead with the treatment.

I still have questions. Who can help me further?

If you have further questions, visit **bupa.com.au** or call us on **134 135**.

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