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. Send your completed form to one of the methods outlined on the back page.

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	Patient's first name(s)	
Patient's date of birth	/ /	Patient's address	
Nature of ailment, illness or condition			

Claim details (where applicable)

Name of Hospital/ Service Provider						
Dates of service/admission	/ /	to	/ /	Number of days		

Patient authority

I authorise the hospital, or any other persons, organisations or authorities including medical practitioners and allied health professionals, with whom I consulted or were otherwise concerned with the management of the above ailment, illness or condition to provide Bupa with any personal and medical information relating to my medical history including medical records and hospital progress notes, and any other additional information as may be required for the purpose of considering 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 12 months?	

3. During any of the consultations over the last 12 months did your patient exhibit signs or symptoms that could have been associated with their

current condition? Yes		No		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 signs or symptoms	

6. a. Has the patient ever suffered an episode(s) WITH similar signs or symptoms (including similar signs or symptoms of lesser severity) in the past?

Yes		No		If Yes, when?	

b. Has the patient ever been diagnosed with this condition in the past?

Yes		No		If Yes, when?	

7. At the time of first presentation to you, had the underlying condition, symptoms, or signs, been present for at least 3 months? / Is this a chronic condition?

8. Final diagnoses of ailment(s), illness(es) or condition(s) that were the reason(s) for hospitalisation/service	

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		surgeon		other specialist		
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.

10239-01-25S

Bupa HI Pty Ltd
ABN 81 000 057 590

Important Information

Pre-existing condition

A pre-existing condition is any condition, ailment or illness that you had signs or symptoms of during the 6 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.

Keep in mind that a doctor appointed by us will decide whether your condition is pre-existing. That said, the appointed doctor must consider your treating doctors' opinions on the signs and symptoms of your condition, although they're 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 condition waiting period applies to you.

If you proceed with the admission without confirming benefit entitlements and Bupa subsequently determines 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, despite our best efforts we may not have time to determine if you are affected by the pre-existing condition waiting period before you are admitted. 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
- Bupa determines that your condition was pre-existing.

Privacy and your personal information

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices, please refer to our *Information Handling Policy*, available on our website or by calling us. When you join, you agree to the handling of your personal information as set out here and in our *Information Handling Policy*.

We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting or our behalf. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policyholder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our *Information Handling Policy*.

Each person on a policy aged 15 or over may complete a *Keeping your personal information confidential* form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does 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 contact you to advise you of health management programs, products and services. When you take out cover with us, you consent to us using your personal information to contact 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.

Send us your completed form using one of the methods below:

For <u>outpatient</u> GP and specialist consultations and diagnostic tests:

- Email your completed form with the subject line *OP Medical Certificate Form* to: **healthenq@bupa.com.au**
- Message us on WhatsApp: **bupa.com.au/contact-us**
- Login to myBupa and contact live support: **myBupa.com.au**
- Mail your completed form (no postage stamp required) to: **Bupa Pre-Existing Conditions Team, Private and Confidential, GPO Box 4338 Melbourne VIC 3001**
- Visit your nearest Bupa Health Insurance store

For <u>inpatient</u> hospital admissions or hospital attendances:

- Email your completed form to: **pec@bupa.com.au**

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