Medical Authority form

Australian Unity
Real Wellbeing

This form requests information from you about signs or symptoms associated with the condition requiring treatment. Australian Unity's appointed medical advisor will use the information to make an assessment if your treatment relates to a pre-existing or accident related condition and allows us to determine if you are covered under your health cover for the treatment

- Please complete and sign this medical authority form to provide us with the relevant details we need to assess your claim.
- The medical report on page 3 is to be completed and signed by the doctor you first consulted in relation to the condition which requires treatment (unless instructed otherwise) and returned together with this medical authority form.

Note: Australian Unity will not pay any fee you may be charged for the completion of the medical report.

1. Your personal details

Membership number

Title

Date of birth

Surname

First name

Residential address

Suburb

State

Postcode

Postal address
(if different from above)

Suburb

State

Postcode

Medical condition

(reason for hospitalisation or treatment)

2. Medical provider details

Referring practitioner

Name

Phone

Address

Suburb

State

Postcode

Specialist

Name

Phone

Address

Suburb

State

Postcode

Hospital

Name of hospital

Location of hospital

Other relevant person/authority

Name

Phone

Address

Suburb

State

Postcode

Australian Unity Health Limited ABN 13 078 722 568 | 271 Spring Street, Melbourne VIC 3000
Please turn over page ›

3. Declaration

I consent to the disclosure of my medical information relating to the condition requiring hospital treatment at this time to Australian Unity. The information will be used only for the purpose of determining whether the condition requiring treatment is a pre-existing or accident related condition.

I also give consent for any other medical practitioners who have seen me regarding the condition to give medical information to Australian Unity.

Australian Unity may disclose the information to you and you may disclose information to the Private Health Insurance Ombudsman in the event of a complaint arising.

Signature of member

X

Date

D D / M M / Y Y Y Y

Note: Member signature if 16 years of age or over, parent or guardian if under 16 years of age.

A **pre-existing condition** is an ailment, illness or condition that in the opinion of a medical practitioner appointed by Australian Unity (not your own doctor), 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 you joined Australian Unity or upgraded your cover, irrespective of whether you were aware of it.

You've been sent the medical report because you have made or intended to make a hospital claim in the first 12 months of your joining or upgrading your cover.

We need you to get your first consulting doctor (eg your dentist, GP or specialist) to complete the medical report. You should ask us to carry out this assessment before going into hospital. Please consider this when you agree to a hospital admission date so we have sufficient time to review your individual situation. If you're admitted into hospital before seeking confirmation from us about your eligibility for cover, and we later determine your condition is pre-existing, you'll need to pay any hospital and medical charges not covered by Medicare – no benefits will be paid by us.

Accident means an unplanned and unforeseen event, occurring by chance, and leading to bodily injuries caused solely and directly by an external force or object requiring treatment from a Medical Practitioner (defined here as a medical doctor who is not the Member or a relative of the Member) within 7 days of the event, but excludes injuries arising out of: surgical procedures; unforeseen illness; pregnancy; drug use; and aggravation of an underlying condition or injury.

If your health cover provides for accident related treatment, your injury or condition must have occurred after you joined your current level of cover to qualify for full accident cover.

We handle your personal information in accordance with our Privacy Policy available at **australianunity.com.au/privacy** or by calling **13 29 39**.

Please turn over page ›

Medical Report

Australian Unity
Real Wellbeing

- Australian Unity will not pay any fee you may be charged for the completion of the medical report.
- This report must be completed legibly and in its entirety in order for Australian Unity to assess the claim.

4. Doctor's details

Name

Address

Suburb State Postcode

Phone

5. Patient details

Title Date of birth

Surname First name

Principal condition

(reason for hospitalisation or treatment)

Nature of operation

Date of procedure or admission D D / M M / Y Y Y Y

Date of original consultation D D / M M / Y Y Y Y

Is this condition related to a specific accident? ☐ Yes ☐ No If yes, please describe how accident occurred:

Date of accident D D / M M / Y Y Y Y

Were you the first doctor consulted in relation to this condition? ☐ Yes ☐ No

Are you the patient's usual General Practitioner? ☐ Yes ☐ No

Did you refer the patient to a specialist? ☐ Yes ☐ No If yes, name of specialist:

Date of referral D D / M M / Y Y Y Y

Are you a specialist by whom the patient was treated? ☐ Yes ☐ No If yes, name of referring practitioner:

Date of referral D D / M M / Y Y Y Y

Please turn over page ›

6. Patient medical history

Please give a brief medical history of matters related to the condition stated above with particular mention of the date of onset of signs or symptoms and the treatment recommended or carried out. Attach additional information if required.

Related history

How long were the signs or symptoms present ***at the time of the first consultation*** with the patient? (Please be specific)

☐ Years ☐ months ☐ weeks ☐ days ☐ hours

How long has the patient been attending this practice?

☐ Years ☐ months ☐ weeks ☐ days ☐ hours

Is there any associated illness or condition which may require further treatment? ☐ Yes ☐ No If yes, please specify:

Doctor's signature

X

Date

D D / M M / Y Y Y Y

Return by post

Australian Unity Health
Reply Paid 91943, Melbourne VIC 3000
(No stamp is required)

Online

Send in an electronic claim via
Online Member Services at
australianunity.com.au/memberservices

Email

customerservice@australianunity.com.au

Apps

Download our iPhone or Android application to submit your claim electronically.
Available on most covers.

Contact us

13 29 39
australianunity.com.au