



# POLICE HEALTH PLAN LIMITED

A member of the New Zealand Police Association group

## SURGICAL CLAIM FORM

Office Use:

Surgical Approval No:

Claim Number:

This document collects personal information about you so Police Health Plan Limited can consider your claim. The information is received by Police Health Plan Limited, P O Box 12 344, Wellington, who will hold this information. You may request access to, and correction of this information according to the provisions of the Privacy Act 1993.

**IMPORTANT: If any relevant information requested is not supplied, it may affect the ability to process your claim. If you supply any untrue or false information and know that it is not true, Police Health Plan Limited shall have the right to refuse the claim.**

### POLICY HOLDER'S DETAILS

Surname/Family Name <input type="text"/>	Postal Address Street/Road: <input type="text"/>	Membership Number <input type="text"/>
Full First Name <input type="text"/>	City/Town: <input type="text"/>	Daytime Contact Number ( ) <input type="text"/>
Mobile Number <input type="text"/>	Email Address <input type="text"/>	

### PATIENT'S DETAILS

Patient's Full First Names <input type="text"/>	Date of Surgery <input type="text"/>
Patient's Surname/Family Name <input type="text"/>	Procedure(s) Undertaken <input type="text"/>

### DETAILS OF CLAIM

	Amount Claimed	Scheduled Refund	Office Use
Pre-Consultation			
Surgeons A/c			
Anaesthetist A/c			
Hospital A/c			
X-Ray/Laboratory			
Physiotherapy			
Other			
<b>TOTAL CLAIMED</b>			

### DECLARATION:

- I declare that to the best of my knowledge the details given in this claim are true.
- I agree that Police Health Plan Limited may give to, or obtain from, appropriate individuals or organisations, information relevant to this claim.
- With regard to any injury or illness, I hereby authorise any hospital, physician or other person who has attended me to furnish to Police Health Plan Limited, or its representatives, any and all information with respect to any medical history, consultation, prescription or treatment and copies of all hospital or medical records.
- I agree that a photocopy or facsimile of this authorisation shall be considered as effective and valid as the original.

Signature:  Date: / /

Print Name:

Office Use: \_\_\_\_\_



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## NOTES ON CLAIMING

### SURGICAL CLAIMS

1. All surgical claims must be pre-approved by Police Health Plan Limited ensuring liability is accepted.
2. You must complete a Surgical Approval Form, detailing the estimated costs and return this to Police Health Plan Limited at least 5 working days prior to your surgery. If this is not possible, please telephone the Police Health Plan, Wellington, on 0800 500 122.
3. All details must be entered on the Surgical Approval Form, especially the reason for surgery. If the proposed surgical procedure is the result of an accident, your **GP or specialist MUST apply to ACC prior to the procedure** for part or full payment of the cost of treatment. Police Health Plan Ltd is not able to process accident-related prior approval applications without correspondence from ACC. Please provide a copy of the response from ACC with your request for surgical approval.
4. The estimate will be compared with the 'usual, reasonable and customary' criteria for determining the maximum amounts payable under Police Health Plan Limited.

5. If the costs of a second provider are less than the original estimate obtained then the second estimate is the maximum amount that Police Health Plan Limited will reimburse.
6. You will receive a letter confirming the level of reimbursement. Please take this to the hospital with you.
7. A Surgical Claim Form should be completed after surgery and all final accounts attached. **If actual costs exceed the pre-approved or estimated amounts (see your Surgery Approval letter from Police Health Plan), you need to include the Surgeon's report with your claim form.**
8. Claim refunds cannot be paid when a policy is in arrears.
9. All accounts will be paid directly to the provider(s) unless there is a shortfall. When this is the case the cheque – made payable to the provider – will be sent to you along with a copy of the account. You will be required to add your payment to the balance outstanding and forward both payments on to the provider.

### WORK RELATED TREATMENT COSTS

Current serving members of Police must approach their Police District Human Resources Office for reimbursement of treatment costs associated with an injury sustained at work, and for ACC purposes, accepted as a work accident.

In the event such costs will not be met by the New Zealand Police, members can submit a claim to Police Health Plan Limited, along with confirmation from the New Zealand Police that they will not meet the related costs.

### PLEASE SEND THIS FORM TO:

POLICE HEALTH PLAN LTD  
PO BOX 12-344  
WELLINGTON

Telephone: (04) 496 6800  
Freephone: 0800 500 122  
Fax: (04) 496 6819  
Email: [healthplan@policeassn.org.nz](mailto:healthplan@policeassn.org.nz)