

Pre-existing Certificate

Use this form to help clarify if you have a pre-existing condition (meaning it existed prior to you joining HCi). You will need to return two versions to us - one from your GP and one from your specialist or surgeon. If returning the two forms separately, please note that the other one is pending.

Member details

Member number

Family name

Given name(s)

Postal address (including postcode)

Email

Mobile

Date of birth

dd / mm / yyyy

Procedure required

I authorise my doctor, hospital or other authorities concerned with my treatment, diagnosis and recent or intended hospitalisation, to supply all information requested by HCi Ltd.

Member's signature

Date

dd / mm / yyyy

The information collected on this form is collected solely for the purpose of assessing your eligibility and affecting the payments of your claims. We may disclose your Personal Information to persons or organisations such as our health service providers, professional advisers and regulatory bodies. You can read the full privacy statement on the HCi website or by calling 1800 804 950 to request a copy.

Pre-existing Certificate To be completed by your General Practitioner and specialist/surgeon separately (ie one form each)

Date of hospital admission

dd / mm / yyyy

Reason for hospital admission

Procedure required (if any)

Patient's signs/symptoms consisted of

Signs/symptoms had been present since

dd / mm / yyyy

Patient first attended for this condition on

dd / mm / yyyy

Referred by

Referral date

dd / mm / yyyy

Practitioner's name

Practice phone number

Practice address

Practitioner's signature

Stamp