POLICE HEALTH PLAN
REQUEST FOR MRI/CT SCAN

IS THE REASON FOR THE SCAN INJURY-RELATED?

- ○ **Yes – please refer to ACC before completing this form.**
- ● **No – please complete the form below.**

DETAILS OF POLICYHOLDER

Member no. | | | | | | |

First names _____ Last name _____

Email address
We will send confirmation of approval to this email _____

PERSON HAVING THE SCAN

First names _____ Last name _____ Date of birth *(dd / mm / yyyy)* / /

RADIOLOGY CLINIC DETAILS

Clinic name _____ Date of scan *(dd / mm / yyyy)* / /

Clinic email _____ Clinic fax ( )

Type of scan *(Please tick one)* ● MRI Scan ○ CT Scan

Reason for scan _____

Estimated cost of scan $

Once completed, send to Police Health Plan: healthplan@policeassn.org.nz | Police Health Plan, PO Box 12344, Wellington 6144

ADDITIONAL INFORMATION

POLICY COVER

Comprehensive

You can claim a 100% refund, with an annual maximum of $2,000 (for the year 1 July to 30 June).

If you exceed your annual maximum we will send you details outlining any shortfall so you can pay this amount directly to the radiology clinic.

Basic

You can claim a 80% refund, with an annual maximum of $1,600 (for the year 1 July to 30 June).

Once the invoice for the scan has been received we will send you details of the balance to pay so you can pay this amount directly to the radiology clinic.

Surgical

Any costs related to surgery, i.e. scans, x-rays as specified by the surgeon, will be covered for a period of 4 months before and 4 months after the date of surgery. This does not include consultations with a GP.

WHAT HAPPENS NEXT

- Upon receipt of this form Police Health Plan will confirm cover then send confirmation to the radiology clinic.
- An email will be sent to you confirming the radiology clinic has been contacted ahead of your scan appointment.
- Once you have had the scan, the radiology clinic should send their invoice directly to Police Health Plan for payment. If for any reason the radiology clinic sends you the invoice, please forward it to Police Health Plan for payment.

For full details of Police Health Plan please visit: www.policeassn.org.nz.

Radiology clinic use only

Once Police Health Plan confirm cover and the scan has been completed please send the invoice (including the member number above as our reference) to: healthplan@policeassn.org.nz Police Health Plan, PO Box 12344, Wellington 6144

Important notice: This document contains personal information about you so Police Health Plan Ltd can consider your request. The information is received and held by Police Health Plan Ltd, PO Box 12344, Wellington 6144. You may request access to, and correction of, this information according to the provisions of the Privacy Act 1993.

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