



POLICE HEALTH PLAN

SURGICAL APPROVAL REQUEST

Complete this form when you require surgery.

You do not need to complete this form for surgery performed by a GP. Further details can be found under the Police Health Plan section: www.policeasn.org.nz.

Please provide as much detail as possible. Our acceptance is based on the level of information you give us. We will pay your surgery-related expenses directly if approved.

DETAILS OF POLICYHOLDER

Member no.

Title First names Last name

Email Home phone Mobile

Address Postcode

PERSON HAVING THE SURGERY

Title First names Last name

Date of birth (DD/MM/YYYY) / / Home phone Mobile

Relationship to policyholder

SURGERY DETAILS

Reason for procedure

Name of procedure

Surgeon's name Hospital

Admission date (Must be provided) / / Estimated length of stay (nights) Estimated time in theatre (hours/mins)

Please attach a letter of referral from your specialist

ACC - IS THE REASON FOR THE SURGERY INJURY-RELATED?

Yes - please ensure ACC – or for Police employees – Gallagher Bassett* has confirmed they will not pay for surgery-related costs before completing this form. You will need to provide a copy of the letter of declination. Refer to the appropriate process detailed under the Police Health Plan section: www.policeasn.org.nz.

*Gallagher Bassett manage Police ACC claims on behalf of ACC.

ESTIMATED COST OF SURGERY

Details available from the surgeon. Include GST and range of costs if provided.

	Minimum incl GST	Maximum incl GST (if provided)
Surgeon's fee	\$	\$
Anaesthetist's fee	\$	\$
Theatre fee	\$	\$
Hospital bed fee	\$	\$
Sundry fee (drugs, dressings, etc.)	\$	\$
Other	\$	\$
Total	\$	\$

PLEASE REFER TO NEXT PAGE

DECLARATION

This document collects personal information about you so Police Health Plan Ltd can consider your claim. 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.

Police Health Plan Ltd is a member of Health Funds Association of New Zealand (HFANZ). On behalf of its members, HFANZ manages an Integrity Registry for the purposes of detecting and preventing fraud and other serious probity concerns. The Integrity Registry is operated by PricewaterhouseCoopers. In submitting this form you are authorising Police Health Plan Ltd to collect, use and disclose personal and health information about you for the purposes of the Integrity Registry. You can access and correct information held on the Integrity Registry. Contact Police Health Plan Ltd or HFANZ Integrity Registry Privacy Officer, Health Funds Association of New Zealand, PO Box 25161, Wellington 6146.

- I declare to the best of my knowledge the details given in this request form are true.
- I agree that Police Health Plan Ltd may give or obtain from appropriate individuals or organisations information relevant to evaluate and administer this claim.
- With regard to any injury or illness, I hereby authorise any hospital, physician or other person who has attended me to furnish Police Health Plan Ltd, or its representatives, with 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 an electronic version of this authorisation shall be considered as effective and valid as the original and that electronic invoices submitted are copies of the original invoices (please retain the original invoices in case we require them later).

Policyholder
name

Signature

Date

If completing electronically, put an "X" in this box
to confirm consent to the above declaration

SURGICAL APPROVAL CHECKLIST

- Copy of letter of referral for surgery. You can get this from your surgeon.
- Copies of correspondence with ACC – or for Police employees – Gallagher Bassett* confirming they won't pay surgery-related costs if the surgery is injury-related. Further details can be found in the Police Health Plan section: www.policessn.org.nz.
- Estimate of costs and details of the surgical procedure.

Once completed, send to Police Health Plan

@ healthplan@policessn.org.nz

✉ Police Health Plan, PO Box 12344, Wellington 6144

☎ Fax: (04) 496 6819

Remember to send as PDF
or JPG attachments

WHAT HAPPENS NEXT?

- We process surgery approval requests in date order of surgery, so please have a surgery date booked when applying for surgery approval.
- You will receive a letter from us confirming the level of cover for your surgical procedure. Please take this to the hospital with you.
- We will pay all surgery-related invoices directly. If you receive any invoices, please forward these to us with your surgical approval number and member number.
- If you have chosen an excess for surgical claims, this excess will be deducted from the total paid by Police Health Plan for this surgery. We will send you a letter after your surgery outlining any applicable costs you need to pay to the Medical Provider directly

ADDITIONAL INFORMATION

- Police Health Plan cover details, forms, FAQs and claim processes are available at www.policessn.org.nz
- All surgical requests **must** be pre-approved by Police Health Plan and ideally received at least **10 working days prior to surgery**. If this is not possible, please call us. If approval is not obtained prior to surgery, you risk your claim being declined.
- If subscriptions are in arrears, this may affect approval of your surgical procedure.
- Reimbursement of costs will be at Usual, Reasonable and Customary levels, determined by Police Health Plan. See Police Health Plan 'Conditions of Membership' under the 'Health Cover' section of www.policessn.org.nz

CONTACT US

☎ (04) 496 6800 or 0800 500 122

🌐 www.policessn.org.nz

☎ (04) 496 6819

📘 NZPoliceAssociation

✉ PO Box 12344, Wellington 6144

🐦 @NZPoliceAssn

@ healthplan@policessn.org.nz

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