

OSHC Pre-existing Condition Certificate

Please arrange for two copies of this certificate to be completed: one by your general practitioner (GP) and the other by the specialist who will be admitting you to hospital. ahm requires two certificates to determine whether the condition for which you require hospitalisation is a 'pre-existing condition' and to confirm if you are eligible (or not) for payment of any benefits towards your treatment.

Section 1: Patient details

Membership Number _____

Patient First name _____ Date of Birth / / _____

Patient Surname _____

Residential Address _____

State _____ Postcode _____

Mobile Phone () _____ Home Phone Number () _____

Email Address _____

Ailment/Illness/Condition _____

CONSENT: I understand that ahm requires information from my General Practitioner and my admitting specialist in order to determine whether my ailment, illness or condition is a 'pre-existing condition'. I authorise the health practitioners involved in my care to provide ahm with any information relevant to ahm assessment. I also authorise ahm to collect and use that information as ahm may require to make its determination.

Patient (or Guardian) signature _____ Date / / _____

Section 2: Certificate to be completed by the treating practitioner

INFORMATION FOR PRACTITIONERS: This patient has joined ahm Overseas Student Health Cover within the past 12 months. There is a 12 month waiting period for treatment of ailments, illnesses and conditions where the signs and/or symptoms of the ailment, illness or condition were in evidence in the 6 months prior to the commencement of cover. Thank you for completing this certificate promptly – this will help us to finalise the patient's claim quickly.

Condition requiring treatment _____ Date of first consultation / / _____

Procedure/s to be undertaken _____

MBS Item Number(s) _____

Hospital _____ Admission Date / / _____

When did the patient first become aware of, or suffer signs or symptoms of, this condition _____

When were the signs first evident and how were they confirmed _____

I referred this patient to / This patient was referred to me by: _____

Please provide a brief history of the condition and any other relevant conditions _____

Practitioner's Name _____ Practitioner type _____

Provider Number _____

Signature _____ Date / / _____

Address _____

Email: _____ Phone Number () _____

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Information for members

Under the terms and conditions of your OSHC, ahm will not pay for hospital treatment provided within 12 months of joining if the treatment is required to treat a pre-existing condition. A pre-existing condition is an ailment, illness or condition that, in the opinion of a medical practitioner appointed by ahm, was present (or the signs or symptoms of it were present) in the 6 months before you joined the fund.

To assist us to determine whether your condition is a pre-existing condition, we need you to provide two Pre-Existing Condition Certificates: one completed by your general practitioner and one completed by the specialist who will be admitting you to hospital.

Emergency admissions

If your treating hospital tells us that you require an emergency admission, and we have received both copies of the completed Certificates we will make our determination as soon as practicable and will notify you of the outcome.

If you are admitted to hospital before we have confirmed your eligibility for benefits, you should ask the hospital and your admitting specialist to explain any out of pocket costs you might incur if no benefits are payable, as these costs may be significant.

Steps for Completing the Certificates

1. Please fill in the top part (Section 1) of **two** copies of the certificate. You must sign both copies.
2. Ask your General Practitioner or doctor to fill out their part (Section 2) of one certificate. They must sign their section.
3. Ask your admitting specialist to fill out their part (Section 2) of the other certificate. They must sign their section.
4. Once **both** certificates are complete and signed, return them to Medibank using one of the options below:

Email: PEC@medibank.com.au

Fax: **(03) 8456 6240**

What happens next?

Once we have received both certificates, a doctor appointed by ahm will determine whether your condition is a 'pre-existing condition'. This can take up to 10 working days. We will notify you as soon as we have made our determination.

Privacy statement

We collect and use personal information from this certificate to determine whether your ailment, illness or condition is a 'pre-existing condition'. If we do not collect this information, we may not be able to determine your eligibility for cover.

We may disclose personal information to persons or organisations in Australia including other Medibank Group Companies and our service providers, professional advisers, suppliers and partners. We may also disclose information to other persons covered under your policy or your agents and advisers. We may disclose personal information overseas to other Medibank Group Companies or third parties who provide data storage services to us.

Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information, how to lodge a privacy complaint and how we manage such complaints. You can obtain a copy of our Privacy Policy by visiting our website at ahmoshc.com.au

Further enquiries

For all enquiries, please call **134 148**