ASTUTE SIMPLICITY HEALTH
we've got you covered

Medical Practitioner/Dentist Certificate regarding Pre-Existing Condition

Under the Private Health Insurance Act 2007, a pre-existing condition is an ailment, illness or condition, the signs or symptoms of which, in the opinion of a medical practitioner/dentist appointed by the insurer that issued the policy, existed at any time in the period of 6 months ending on the day on which the person became insured under the policy.

This form requests information from you about the signs or symptoms associated with the condition(s) requiring hospital treatment.

The medical practitioner/dentist appointed by Astute Simplicity Health will use the information to make an informed PEC assessment and allow us to determine the level of health insurance benefit, if any, that will apply. Astute Simplicity Health may disclose the information to the patient as part of the evidence considered in this matter. The patient may disclose the information to the Commonwealth Ombudsman in the event of a complaint arising from this matter.

CONSENT by patient for disclosure of information by medical practitioner/dentist to insurer

The information on this certificate only relates to the condition(s) requiring hospitalisation at this time. The information will be used only for the purpose of determining whether the condition(s) requiring hospitalisation is/are pre-existing. I consent to the disclosure of my medical information relating to the condition/s requiring hospital treatment to Astute Simplicity Health. I also give consent for any other medical practitioner(s)/dentist(s) who has/have seen me regarding the condition(s) to give medical information to Astute Simplicity Health.

Signature _____ Date / /

Name		
Address	State	Postcode
Phone ( )	Birth Date / /	Membership No.

CERTIFICATION by Medical Practitioner/Dentist

The Fund requests your co-operation by not charging the patient for completing this Certificate.

1. DATE of HOSPITALISATION admission (or proposed admission) / / to / /

2. a. PRINCIPAL CONDITION (reason for hospitalisation)

2. b. Nature of operation (if any)

2. c. Associated conditions (if any)

3. DATE of patient's FIRST attendance for this illness / /

4. SIGNS or SYMPTOMS of the condition (ie in 2a above) when first seen

a. consisted of

b. had commenced on

c. had been present for ____ days ____ weeks ____ months ____ years

5. Are you the patient's usual General Practitioner/Dentist? **YES / NO** (please circle)

If **YES** - did you refer the patient to a specialist and whom?

Date of referral / /	Name of specialist
Address of specialist	Phone ( )

6. Are you the Specialist by whom the patient was treated? **YES / NO** (please circle)

If **YES** - who referred the patient to you?

Date of referral / /	Name of referring practitioner/dentist
Address of specialist	Phone ( )

Signature _____ Date / /

Doctors/Dentist Name		
Address	State	Postcode
Phone ( )		

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ASTUTE FINANCE | INSURANCE | WEALTH

UNDERWRITTEN BY: stlukeshealth

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