Pre-existing Condition Certificate

ahm's Pre-existing Condition (PEC) assessment process can take up to 10 business days. We understand you may require an outcome sooner and we'll try to accommodate your needs whenever we can. To help us complete your PEC assessment as quickly as possible please ensure this form is completed in full. If fields are left blank, we may need to request additional information from you which may delay the outcome.

How to complete

We recommend contacting both your health practitioner and treating specialist as soon as possible to confirm their requirements for completing this certificate, as an appointment may be required.

SECTION 1: Patient and admission - For you (or your Guardian) to complete and sign
SECTION 2: Consent - For you (or your Guardian) to complete and sign
SECTION 3: Health practitioner - To be completed and signed by your referring health practitioner (e.g. General Practitioner, Dentist, Optometrist)
SECTION 4: Specialist medical practitioner - To be completed and signed by your treating specialist
SECTION 5: More information
SECTION 6: How to submit

SECTION 1: Patient and admission

For you (or your Guardian) to complete

Membership number: Date of Birth: / /

First name: Last name:

Mobile number: Email:

Address:

Condition requiring treatment:

Hospital: Date of admission: / /

Please nominate below how you would like to receive the outcome of your PEC assessment:

☐ **Email:** we will send the outcome in a password protected email. The password will be the Patient's date of birth (DDMMYYYY) **OR**

☐ **Post:** address (if different to Section 1):

If you have provided a mobile number, we'll send an SMS to advise that an outcome has been determined and to contact ahm. If you proceed with your admission without confirming your eligibility for benefits, you may be required to pay significant out-of-pocket expenses.

SECTION 2: Consent

I understand that ahm requires the information from the nominated health practitioner(s) in *Section 3 and 4* in order to determine whether my / the Patient's, ailment, illness or condition is a 'Pre-existing Condition'. I authorise my / the Patient's health practitioner(s) nominated in *Section 3 and 4* to provide ahm with any information that may be necessary to conduct its assessment, including medical records, consultation notes or any other additional information required, for the purposes of completing my / the Patient's PEC assessment.

Patient (or Guardian) signature required: Date: / /

Print name:

(*Continued over page* - **SECTION 3: Health practitioner**)

Pre-existing Condition Certificate

SECTION 3: Health practitioner

To be completed and signed by your referring health practitioner (e.g. General Practitioner, Dentist, Optometrist, Physiotherapist)

INFORMATION FOR HEALTH PRACTITIONERS

This Patient has joined ahm or changed their level of cover within the past 12 months. There is a 12-month Waiting Period for hospital treatment where the signs and/or symptoms of the ailment, illness or condition requiring treatment were evident in the 6 months before the commencement or change of cover. Thank you for completing all fields of this certificate – this will help us to finalise the patient's claim quickly.

Please describe the presenting signs or symptoms:

Date the Patient first became aware of these signs or symptoms*: / /

**Please provide the date the first signs and symptoms were reasonably apparent to the Patient, not when the first consultation for the signs and symptoms occurred.*

Date of first consultation regarding the presenting signs or symptoms: / /

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

I referred this Patient to:

Your Details

Practitioner name: Provider number:

Practitioner type:

Address:

Email: Phone number:

I certify that all information provided for the Patient named in Section 1 within this form is true and correct.

Signature required:

Date: / /

(Continued over page - **SECTION 4: Specialist medical practitioner**)

Pre-existing Condition Certificate

SECTION 4: Specialist medical practitioner

To be completed and signed by your treating specialist medical practitioner (e.g. the specialist admitting you to hospital)

INFORMATION FOR SPECIALIST MEDICAL PRACTITIONERS

This Patient has joined ahm or changed their level of cover within the past 12 months. There is a 12-month Waiting Period for hospital treatment where the signs and/or symptoms of the ailment, illness or condition requiring treatment were evident in the 6 months before the commencement or change of cover. Thank you for completing all fields of this certificate – this will help us to finalise the patient's claim quickly.

Procedure/s to be undertaken:

MBS item number/s:

Please describe the presenting signs or symptoms:

Date the Patient first became aware of these signs or symptoms*: / /

**Please provide the date the first signs and symptoms were reasonably apparent to the Patient, not when the first consultation for the signs and symptoms occurred.*

Date of first consultation regarding the presenting signs or symptoms: / /

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

This Patient was referred to me by:

Your Details

Practitioner name: Provider number:

Practitioner type:

Address:

Email: Phone number:

I certify that all information provided for the Patient named in Section 1 within this form is true and correct.

Signature required: Date: / /

(*Continued over page* - **SECTION 5: More information**)

Pre-existing Condition Certificate

SECTION 5: More information

INFORMATION FOR MEMBERS

Under ahm's Fund Rules, ahm will not pay for hospital treatment provided within 12 months of joining (or changing your level of cover) 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 or changed your level of cover. Refer to your Member Guide for more information.

To assist us in determining whether your condition is a 'Pre-existing Condition' this certificate must be completed by your health practitioner and by the treating specialist who will be admitting you to hospital.

Urgent admissions

If you require an urgent admission and we have received the completed certificate, 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 expenses you might incur if no benefits are payable, as these expenses may be significant.

Need someone to act on your behalf?

You can nominate a person to act on your behalf. A person with this type of authority is known as an Authorised Person. Only the Prinicipal Member can appoint an Authorised Person.

Call us on **134 246** for further information.

What happens next?

Once we have received the completed certificate, a medical practitioner appointed by ahm will determine whether your condition is a 'Pre-existing Condition' for the purposes of ahm's Fund Rules. This may take up to 10 business days subject to receiving all information required to make the assessment. We will notify you as soon as we have made our determination.

SECTION 6: How to submit

Once Sections 1 – 5 have been completed, return the certificate to ahm using one of the options below:

Email^: clinical@ahm.com.au **Email subject line:** PEC *(Your membership number)*
Fax: (03) 8456 6240 **Post:** PEC Determination, GPO Box 9999 *(in your Capital City)* (*No stamp required).*
Member portal: Log in to your account at **ahm.com.au**, go to the **Upload documents** section and upload this form under the **Pre-existing ailment/condition forms** option.

ahm's Privacy Statement

^ ahm takes the privacy of its members seriously. By corresponding with ahm via email, you accept that this is not a secure channel and the associated risks to the security of your personal information. We recommend securing your certificate by using your 8-digit birthdate (DDMMYYYY) as a password.

ahm is a member of the Medibank Group of companies. We collect and use personal information from this certificate to determine whether your ailment, illness or condition is a 'pre-existing condition' for the purposes of Medibank's Fund Rules. 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 **ahm.com.au/privacy-policy**.

Any questions?

If you have any questions or need help to complete this form, call **134 246**