

Patient Admission Form

IMPORTANT: Please send this completed form to the hospital where you will have your procedure/surgery.

PERSONAL AND ADMINISTRATION DETAILS

Surname (family name): Thompson Mr Mrs Ms Miss Mstr Dr
 First name(s): Michael Preferred name: Mike
 Date of birth: 05/12/1998 NHI: ZAA0067
 Gender: Male Female I identify my gender as _____
 Residential address: 124 Mapleview Dr, Springfield, IL 62629
 Postal address: Same as above
 Email address: mrthompson12345@gmail.com
 Telephone: (Home) 555-361-1492 (Business) — (Mobile) —

New Zealand resident: Yes No If No, complete the 'Acknowledgement Form: Non-NZ resident' (on our website).

Which ethnic group do you belong to? Tick the box or boxes which apply to you.

New Zealand European Māori Samoan Cook Island Māori Tongan Niuean Chinese Indian

Other (such as Dutch, Japanese, Tokelauan) Please state: _____

General Practitioner (Name): Daniel Park Telephone: 555-246-8239
 Medical Centre: Springfield Hospital

NEXT OF KIN/CONTACT PERSON

Name: Sarah Thompson Relationship to patient: Spouse
 Address: —
 Telephone: (Home) 555-246-1234 (Business) — (Mobile) —

PAYMENT DETAILS

How will your procedure be paid for? Tick and complete as many as applies:

Health insurance ACC DHB Paid personally Other _____

Details of health insurance

Southern Cross Affiliated Provider contract

Name of Insurer: _____

Insurance Plan Name: _____

Membership No: _____

Have you obtained "prior approval" for payment? Yes No

Approval No: _____

(Provide your prior approval letter in advance)

Additional charges

Depending on your health insurance policy or plan you may be required to pay an excess (co-payment).

You may also be required to pay for some charges such as visitor meals that are not covered by insurance, ACC or DHB.

Payment prior to surgery

You may be asked to pay a deposit 3-5 days before admission. The amount is based on the estimated cost of the procedure payable by you not otherwise covered by your insurance, ACC or DHB. The deposit will be refunded to you if the procedure is cancelled.

Methods of payment

We accept payment by EFTPOS, VISA, Mastercard, internet banking or online at our website www.southerncrosshealthcare.co.nz (search "payment information"). Personal cheques are not accepted. We prefer not to receive payment by cash.

I will pay my account by: EFTPOS Credit Card Debit Card Internet Banking

Internet banking details

Payee: Southern Cross Healthcare Ltd

Bank a/c: 12-3113-0126623-00

Particulars: Patient Name

Code: Date of Surgery e.g. 12 Sep 2020

Reference: Hospital e.g. Hamilton

Would you like to receive your invoice via email? YES NO

We will send the invoice to the email address you have provided above.



Kitty Wilde RN Case Manager

Vital Signs Flow Sheet

Foot X-ray

