



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

PERSONAL AND ADMINISTRATION DETAILS

Surname (family name): _____ Mr Mrs Ms Miss Mstr Dr

First name(s): _____ **Preferred name:** _____

Date of birth: ____ / ____ / ____ **NHI:** _____
dd mm yyyy

Gender: Male Female I identify my gender as _____

Residential address: _____

Postal address: _____

Email address: _____

Telephone: (Home) _____ (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): _____ **Telephone:** _____

Medical Centre: _____

NEXT OF KIN/CONTACT PERSON

Name: _____ **Relationship to patient:** _____

Address: _____

Telephone: (Home) _____ (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.southerncrosscentrallakeshospital.co.nz. 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 Central Lakes Hospital **Bank a/c:** 12-3113-0131692-00
Particulars: Patient Surname **Code:** Date of surgery (e.g. 14 Feb 2022) **Reference:** Invoice No. (if known)

Would you like to receive your invoice via email? YES NO
We will send the invoice to the email address you have provided above.

