

# Patient registration form

Please return this form **at least one week** prior to your operation/procedure date

**My operation/procedure is booked at:**  Allevia Hospital Epsom  Allevia Hospital Ascot

## Patient details (to be completed by patient)

Title (please circle): Mr Mrs Ms Miss Dr Other  Date of birth:  /  /

Legal first name(s):

Family name:

Previous name:

Gender:  Is this the same as your sex assigned at birth? Yes  No   
If 'no', what was your sex assigned at birth?

Country of birth:  NZ resident: Yes  No  NHI number (if known):

Residential address:

Postal address (if different from above):

Preferred contact number: (  )

Email:

Ethnic group:  Language spoken:

Interpreter required: Yes  No  (Interpreter services must be arranged through your specialist's rooms prior to admission)

If visiting from overseas what is your address while staying in New Zealand?

Phone: (  )

## Emergency contact person

Name:  Preferred contact number: (  )

Relationship to patient:

## Health insurer

Name of insurer:  Policy type:

Membership number:  Prior approval number:

Is your surgery covered by ACC? Yes  No  ACC approval granted: Yes  No

ACC claim number:

## GP

Name:

Practice:

## Referring medical practitioner (If different from GP)

Name:

Practice:

## Specialist

Name:  Date of admission:  /  /  Time of admission:

## Prescription cards

High Use Health Card Expiry date:  /

Prescription Subsidy Card Expiry date:  /

Community Services Card Expiry date:  /

Other Expiry date:  /

## ACC claims

### Contract claim:

If your medical operation/procedure is an ACC contract claim, ACC will pay the hospital directly for all hospital and specialist's costs excluding personal expenses. Personal expenses, such as visitor meals, will be invoiced directly to patients post-discharge.

### Part ACC/part insurance:

Proof of prior approval is required prior or on admission for the portion of your procedure that is covered by insurance. If you are not insured, you will be required to pay a portion of the estimated hospital costs prior or on admission. For further details on ACC reimbursement practices, please ask your ACC case manager.

## Payment of hospital costs

For further information please refer to the patient information booklet.

Payment will be made by:  Credit card  Internet banking  EFTPOS  Cash  Other

- If you have no insurance you will be required to pay the full estimated cost of the operation/procedure **on or before admission.**
- If internet banking is done within three days prior to your admission, you will need to provide proof of the transaction prior to admission.
- We strongly recommend you contact our Customer Support team 09 623 6588 (Allevia Hospital Epsom) or 09 520 9575 (Allevia Hospital Ascot) for an estimate of the hospital costs prior to admission.
- If you have prior approval with a private health insurer, you will need to pay any expected shortfall on or before admission.
- You understand and give consent that relevant information may be supplied to an external credit reporting agency to obtain a credit report.
- You agree you are responsible and will pay for all costs incurred in connection with your treatment.
- You understand that Allevia Hospitals may notify a credit reporting agency and/or instruct a debt collection agency should you default on any payment due by you to Allevia Hospitals.
- You understand that any collection and/or legal costs incurred in recovering any debt will be charged to you.

## Personal property

You understand and agree that Allevia Hospitals is not and will not be responsible for loss of or damage to any personal property (including jewellery, dentures, watches, rings, glasses) which you may bring into the hospital.

## Sharing information

You consent to Allevia Hospitals sharing relevant information that is related to your healthcare and as required by third parties such as health insurers, medical specialists, ACC, and for quality and audit purposes.

**To the best of your knowledge the information you have supplied to Allevia Hospitals is correct.**

Signature:

Print name (in full):

Date:

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You can email this form or see page 15 of patient information booklet for more details.

**Allevia Hospital Epsom**  
csepsom@allevia.co.nz

**Allevia Hospital Ascot**  
csascot@allevia.co.nz