

## PLEASE READ

Before completing the attached PHI form, please refer to the instructions below.

To ensure we are able to consider your request in full, you must complete the form and return it along with the estimated costs from your treatment provider. You must also provide a copy of the referral letter from your Specialist, which will inform us of:

- the diagnosis;
- proposed operation or treatment;
- the reason it has been requested

Our intention is to process all requests in a timely manner; however, failure to supply all relevant documentation could result in delays. Should all be in order, we will endeavour to have a decision within 10 business days and communicate this back to you in writing.

**Please note that under no circumstances will any treatment for in-hospital operations or treatment be made without prior approval having been confirmed.**

Should you have any queries on the pre-approval process, please feel free to contact Christine Madden, Claims Broker, Gallagher Bassett on 0800 65 34 73 #2, or by email [nz.healthcare99@gbtpa.co.nz](mailto:nz.healthcare99@gbtpa.co.nz)

### Privacy Statement

This document collects personal information about you so the New Zealand Firefighters Society can consider your claim. The information is received and held by the New Zealand Firefighters Welfare Society, Private Bag 31999, Lower Hutt 5040. You may request access to, and correction of, this information according to the provisions of the Privacy Act 1993.

I declare to the best of my knowledge the details given in this claim form are true.

I agree that the New Zealand Firefighters Welfare Society may give or obtain from appropriate individuals or organisations information relevant to evaluate and administer this claim.

With regard to any injury or illness, I hereby authorise any hospital, physician or other person who has attended me to furnish the New Zealand Firefighters Welfare Society, or its representatives, with any and all information with respect to any medical history, consultation, prescription or treatment and copies of all hospital or medical records.

I agree that an electronic version of this authorisation shall be considered as effective and valid as the original and that electronic invoices submitted are copies of the original invoices (please retain the original invoices in case we require them later).



# NEW ZEALAND FIREFIGHTERS WELFARE SOCIETY

## HEALTHCARE 99 CLAIM FORM OUT OF HOSPITAL ONLY



Name of Member \_\_\_\_\_ \*

Address \_\_\_\_\_ \*

City \_\_\_\_\_ Postcode \_\_\_\_\_ \*

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ \*

Healthcare 99 Membership Number \_\_\_\_\_ \*

Phone Contact Number \_\_\_\_\_ \*

**Is this a Fire Service work related accident? YES/NO (delete one) \***  
**Is this an ACC/Accredited Employer Scheme (AES) related accident? YES/NO (delete one) \***

**Out of Hospital Benefits Claim** **Members must claim within THIRTY (30) days of the date of treatment or event. Healthcare 99 does not cover ACC surcharges.**

Claimant 1 Name \_\_\_\_\_ \* D.O.B. \_\_\_\_\_ \* Sex \_\_\_\_\_ \*

Date of Treatment	Name of Doctor or Specialist	Reason for Treatment (Please be specific)	Amount Claimed	
		Prescriptions		
<b>SUB-TOTAL</b>				

Claimant 2 Name \_\_\_\_\_ \* D.O.B. \_\_\_\_\_ \* Sex \_\_\_\_\_ \*

Date of Treatment	Name of Doctor or Specialist	Reason for Treatment (Please be specific)	Amount Claimed	
		Prescriptions		
<b>SUB-TOTAL</b>				

Claimant 3 Name \_\_\_\_\_ \* D.O.B. \_\_\_\_\_ \* Sex \_\_\_\_\_ \*

Date of Treatment	Name of Doctor or Specialist	Reason for Treatment (Please be specific)	Amount Claimed	
		Prescriptions		
<b>SUB-TOTAL</b>				

**TOTAL AMOUNT CLAIMED \$** \_\_\_\_\_

MEMBERS Bank Account Number

Bank   Branch     Account Number            Suffix    \*

Name of Account Holder \_\_\_\_\_ \*

Post to: Please Print \_\_\_\_\_ Signed \_\_\_\_\_ \*

**Healthcare 99**  
**PO Box 74301**  
**Green Lane**  
**Auckland 1546**

*Please fill in all fields marked with a \*, or your claim will not be processed*  
*Healthcare 99 is a mutual fund not an Insurance scheme.*