



MercyAscot

CHECKLIST

Please ensure you have:

- Completed the Request & Consent for Treatment Form with surgeon
- Completed Patient Registration Form
- Completed Patient Health History Form
- Your prior approval letter from your health insurer on admission

Send all paperwork one week prior to admission.

- Mercy Hospital admissions to: PO Box 9911, Newmarket
- Ascot Hospital admissions to: Private Bag, Remuera

IMPORTANT

- Please bring all the medications you are presently taking to the hospital when you admit



Title (Please Circle) Mr Mrs Ms Miss Dr Other

Gender: Male Female

First Name(S):

Date of Birth: / /

Family Name:

Marital Status:

Country of Birth:

NZ RESIDENT: Yes No

NHI No.:

Residential Address:

Postal Address (if different from above):

Phone: Home () Work () Mobile ()

Ethnic Group:

Interpreter services must be arranged through your surgeons room prior to admission.

Do you require an interpreter: Yes Language required: No

If visiting from overseas: Address while staying in NZ

Phone ()

Occupation:

Emergency Contact Person

Name:

Gender: Male Female Relationship to Patient

Residential Address:

Phone: Home () Work () Mobile ()

Health Insurer

Name of Health Insurer:

Policy Type:

Membership No.:

Prior Approval No.:

Is your surgery covered by ACC Yes No ACC Approval granted: Yes No

ACC Claim No.:

ACC Office:

ACC Case Manager:

Family Doctor

Name:

Address: Phone: ()

Surgeon / Specialist

Name: Date of Admission: Time of Admission:

Have you been a patient at Mercy or Ascot Hospitals before? Yes - Year: No

Have you worked or been a patient in any Hospital within the last six months

Yes - Hospital Ward: City & Country No

Do you have one of the following prescription cards? (Please bring your card with you to Hospital to receive any subsidy you are entitled to)

High Use Health Card Expiry Date / Community Services Card Expiry Date /

Prescription Subsidy Card Expiry Date / Other: Expiry Date: /

For urgent bookings please fax these forms for ASCOT (09) 520-9508 for MERCY (09) 623-5702

otherwise post to: Ascot Hospital, Private Bag, Remuera or Mercy Hospital, P O Box 9911, Newmarket

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Accommodation

(Please indicate room preference. Options only applicable to Mercy)

- Mercy: Single Room with Ensuite Share Room Ward Room
- Room choice is not applicable to patients covered by ACC.
 - We will make every effort to accommodate your room preference, but your choice may not be available or appropriate to your clinical needs.
 - You will be charged the rate for the actual room allocated, regardless of your preference.

ACC Claims

Contract Claim:

If your medical procedure is an ACC Contract Claim, ACC will pay the hospital directly for all hospital and specialists costs excluding personal expenses. Personal Expenses, such as toll or international calls, wine, beer and visitor meals are required to be paid on discharge.

Individual Claim:

If your medical procedure is an individual ACC Claim, a copy of the ACC Letter of Approval MUST be received by Customer Services prior to Admission. **ACC DOES NOT COVER FULL COSTS OF HOSPITALISATION.** A payment will be required on Admission for the estimated difference of cost.

Part ACC/Part Insurance:

Proof of prior approval is required 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 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 cheque cash EFTPOS other:

If you have no insurance, you will be required on admission, to pay a deposit equivalent to the estimated cost of the procedure.

We strongly recommend you contact Customer Services for an estimate of hospital costs prior to admission:

Mercy (09) 623 5700

Ascot (09) 520 9575

- I understand and give consent that relevant information may be supplied to an external credit reporting agency to obtain a credit report.
- I agree I am responsible and will pay for all costs incurred in connection with my treatment.
- I understand that MercyAscot may notify a credit reporting agency and/or instruct a debt collection agency should I default on any payment due by me to MercyAscot.
- I understand that any collection and/or legal costs incurred in recovering any debt will be charged to me.

Personal Property

- I understand and agree that MercyAscot is not and will not be responsible for loss of or damage to any personal property (including jewellery, dentures, watches, rings, glasses) which I may bring into the hospital
- I consent to MercyAscot sharing relevant information that is related to my healthcare and as required by third parties such as Health Insurers, Medical Specialists, ACC and for quality and audit purposes.
- To the best of my knowledge the information I have supplied to MercyAscot is correct.

Signature

Print name in full

Date: / /

Please complete Patient Health History overleaf