

PRE-EXISTING CONDITION CERTIFICATE

Please arrange for two copies of this certificate to be completed: one by your usual general practitioner/dentist/optometrist and the other by the Specialist who will be admitting you to hospital. Medibank requires two certificates to determine whether the condition for which you require hospitalisation is a 'pre-existing condition' and to confirm if you are eligible (or not) for payment of any benefits towards your treatment.

Section 1: Patient details

Membership Number	Level of Cover
Patient First name	Date of Birth / /
Patient Surname	
Residential Address	
	State Postcode
Mobile Phone ()	Home Phone Number ()
Email Address	
Ailment/Illness/Condition	

CONSENT: I understand that Medibank requires information from my usual health practitioners and my admitting specialist in order to determine whether my ailment, illness or condition is a 'pre-existing condition'. I authorise the health practitioners involved in my care to provide Medibank with any information relevant to Medibank's assessment. I also authorise Medibank to collect and use that information as Medibank may require to make its determination.

Patient (or Guardian) signature	Date / /
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Section 2: Certificate to be completed by the treating practitioner

INFORMATION FOR PRACTITIONERS: This patient has joined Medibank, or changed their level of cover, within the past 12 months. There is a 12 month waiting period for treatment of ailments, illnesses and conditions where the signs and/or symptoms of the ailment, illness or condition were in evidence in the 6 months prior to the commencement or change of cover. Thank you for completing this certificate promptly – this will help us to finalise the patient's claim quickly.

Condition requiring treatment	Date of first consultation / /
Procedure/s to be undertaken	
MBS Item Number(s)	
Hospital	Admission Date / /
When did the patient first become aware of, or suffer signs or symptoms of, this condition	
When were the signs first evident and how were they confirmed	
I referred this patient to:/This patient was referred to me by	
Please provide a brief history of the condition and any other relevant conditions	

Practitioner's Name	Practitioner type
Provider Number	
Signature	Date / /
Address	
Email:	Phone Number ()

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Information for members

Under Medibank's Fund Rules, Medibank will not pay for hospital treatment provided within 12 months of joining (or changing your level of cover) if the treatment is required to treat a pre-existing condition. A pre-existing condition is an ailment, illness or condition that, in the opinion of a medical practitioner appointed by Medibank, was present (or the signs or symptoms of it were present) in the 6 months before you joined the fund or changed your level of cover.

To assist us to determine whether your condition is a pre-existing condition, we need you to provide two Pre Existing Condition Certificates: one completed by your usual general practitioner/dentist/optometrist and one completed by the specialist who will be admitting you to hospital.

Emergency admissions

If your treating hospital tells us that you require an emergency admission, and we have received both copies of the completed Certificates we will make our determination as soon as practicable and will notify you of the outcome.

If you are admitted to hospital before we have confirmed your eligibility for benefits, you should ask the hospital and your admitting specialist to explain any out of pocket costs you might incur if no benefits are payable, as these costs may be significant.

Steps for Completing the Certificates

1. Please fill in the top part (Section 1) of **two** copies of the certificate. You must sign both copies.
2. Ask your GP or usual doctor/dentist/optometrist to fill out their part (Section 2) of one certificate. They must sign their section.
3. Ask your admitting specialist to fill out their part (Section 2) of the other certificate. They must sign their section.
4. Once **both** certificates are complete and signed, return them to Medibank using one of the options below:

Email: **PEC@medibank.com.au**

Fax: **(03) 8456 6240**

Post: **PEC Determination, GPO Box 9999 (in your Capital City)**

What happens next?

Once we have received both Certificates, a doctor appointed by Medibank will determine whether your condition is a 'pre-existing condition' for the purposes of Medibank's Fund Rules. This can take up to 10 working days. We will notify you as soon as we have made our determination.

Medibank's privacy statement

We collect and use personal information from this certificate to determine whether your ailment, illness or condition is a 'pre-existing condition' for the purposes of Medibank's Fund Rules. If we do not collect this information, we may not be able to determine your eligibility for cover.

We may disclose personal information to persons or organisations in Australia including other Medibank Group Companies and our service providers, professional advisers, suppliers and partners. We may also disclose information to other persons covered under your policy or your agents and advisers. We may disclose personal information overseas to other Medibank Group Companies or third parties who provide data storage services to us.

Our Privacy Policy contains more information about our privacy practices, including how you may request access to, or correction of, personal information, how to lodge a privacy complaint and how we manage such complaints. You can obtain a copy of our Privacy Policy by visiting our website at www.medibank.com.au.

Further enquiries

For all enquiries, please call 134 190