Pre-existing condition
General practitioner certificate

This certificate requests information from you and your treating practitioner about the signs and/or symptoms associated with the condition/s requiring treatment. The only person authorised to decide whether you have a pre-existing condition is a medical or other health practitioner appointed by Defence Health. The medical practitioner appointed by Defence Health will consider the opinion of, and evidence presented by your treating practitioner on this certificate before making an informed assessment of pre-existing conditions. The practitioner appointed by Defence Health to review your case may need up to five business days to investigate and make an assessment.

What happens next?

You will be notified in writing of the outcome of the investigation. If your condition is assessed as pre-existing then a copy of the Defence Health appointed practitioner's report will also be forwarded to you for your records. If you are taking out hospital cover for the first time, you will not receive any benefits for a pre-existing ailment in the first twelve months of membership. If you have upgraded from a lower level of cover in the past twelve months, you will need to serve the pre-existing waiting period before the higher level of benefit will be available. You will still be entitled to the benefits of your previous level of cover during the waiting period.

For more information about pre-existing conditions, please visit **defencehealth.com.au** Any queries? Call us on **1800 335 425.**

Patient consent

The information collected on this form only relates to the condition/s requiring hospitalisation at this time. The information will be used only for the purpose of determining whether the condition/s requiring hospitalisation is/are pre-existing.

Member details

Member number

Title or Rank | First name | Last name

Home address | Suburb | State | Postcode

Mobile phone | Email address

Patient details

Patient name | Patient date of birth / / | Gender ☐ Male ☐ Female

Declaration

I consent to the disclosure of my medical information relating to the condition/s requiring hospital treatment to Defence Health. I also give consent for any other medical practitioner(s) who has / have seen me regarding the condition/s to give medical information to the health fund.

Signature of patient (or parent or guardian if patient is under age 16)

Date / /

Certification by general practitioner (This section must be completed by the first practitioner consulted)

General practitioner and practice details

Name of general practitioner

Type of practitioner ☐ GP ☐ Dentist ☐ Other (please specify)

Practice address | Suburb | State | Postcode

Practice phone

Defence Health Limited ABN 80 008 629 481 AFSL 313890
PO Box 7518, Melbourne VIC 3004 | Level 4, 380 St Kilda Road, Melbourne VIC 3004
Phone 1800 335 425 Fax 1300 665 096 | pea@defencehealth.com.au defencehealth.com.au

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Certificate by general practitioner continued

Pre-existing conditions details

1 Date of hospital admission (or proposed admission) / / to / /

2 **a.** Principal condition (reason for hospitalisation)

b. Nature of operation (if any)

c. Associated conditions (if any)

3 Date of patient's first attendance for this illness / /

4 Signs or symptoms of the condition (i.e. in 2a above) when first seen

a. Consisted of

b. Had commenced on / /

OR

c. Had been present for

days | weeks | months | years

5 Are you the patient's usual general practitioner? ☐ No ☐ Yes

If yes – did you refer the patient to a specialist? ☐ No ☐ Yes

If yes – to whom?

Name of specialist

Date of referral / /

Specialist address

Suburb

State

Postcode

Specialist phone number

Declaration

All details provided by me on this form are true and correct.

Signature of general practitioner

Date / /

Pre-existing condition
Specialist or consultant practitioner certificate

This certificate requests information from you and your treating practitioner about the signs and/or symptoms associated with the condition/s requiring treatment. The only person authorised to decide whether you have a pre-existing condition is a medical or other health practitioner appointed by Defence Health. The medical practitioner appointed by Defence Health will consider the opinion of, and evidence presented by your treating practitioner on this certificate before making an informed assessment of pre-existing conditions. The practitioner appointed by Defence Health to review your case may need up to five business days to investigate and make an assessment.

What happens next?

You will be notified in writing of the outcome of the investigation. If your condition is assessed as pre-existing then a copy of the Defence Health appointed practitioner's report will also be forwarded to you for your records. If you are taking out hospital cover for the first time, you will not receive any benefits for a pre-existing ailment in the first twelve months of membership. If you have upgraded from a lower level of cover in the past twelve months, you will need to serve the pre-existing waiting period before the higher level of benefit will be available. You will still be entitled to the benefits of your previous level of cover during the waiting period.

For more information about pre-existing conditions, please visit **defencehealth.com.au** Any queries? Call us on **1800 335 425**.

Patient consent

The information collected on this form only relates to the condition/s requiring hospitalisation at this time. The information will be used only for the purpose of determining whether the condition/s requiring hospitalisation is/are pre-existing.

Member details

Member number

Title or Rank | First name | Last name

Home address | Suburb | State | Postcode

Mobile phone | Email address

Patient details

Patient name | Patient date of birth / / | Gender ☐ Male ☐ Female

Declaration

I consent to the disclosure of my medical information relating to the condition/s requiring hospital treatment to Defence Health. I also give consent for any other medical practitioner(s) who has / have seen me regarding the condition/s to give medical information to the health fund.

Signature of patient (or parent or guardian if patient is under age 16)

Date / /

Certification by specialist practitioner (This section must be completed by the first practitioner consulted)

Specialist practitioner and practice details

Name of specialist practitioner

Speciality

Practice address | Suburb | State | Postcode

Practice phone

Defence Health Limited ABN 80 008 629 481 AFSL 313890
PO Box 7518, Melbourne VIC 3004 | Level 4, 380 St Kilda Road, Melbourne VIC 3004
Phone 1800 335 425 Fax 1300 665 096 | pea@defencehealth.com.au defencehealth.com.au

Certificate by specialist practitioner continued

Pre-existing conditions details

1 Date of hospital admission (or proposed admission) / / to / /

2 **a.** Principal condition (reason for hospitalisation)

b. Nature of operation (if any)

c. Associated conditions (if any)

3 Date of patient's first attendance for this illness / /

4 Signs or symptoms of the condition (i.e. in 2a above) when first seen

a. Consisted of

b. Had commenced on / /

OR

c. Had been present for

days | weeks | months | years

5 Are you the treating specialist for the patient? ☐ No ☐ Yes

If yes – who referred the patient to you?

Name of referring practitioner

Date of referral / /

Address of referring practitioner | Suburb | State | Postcode

Referring practitioner phone number

Declaration

All details provided by me on this form are true and correct.

Signature of specialist/consultant practitioner

Date / /