Southern Cross Health Insurance

Cancer Assist and Critical Illness claim

This form must be completed when making a claim under your Cancer Assist or Critical Illness policy. After completing it, please sign and return to: Private Bag 3216, Waikato Mail Centre, Hamilton 3240.
If you have any questions call us on 0800 800 181. Calls to this number may be recorded.

Policy number

POLICYHOLDER DETAILS We'll update your details if you make changes here

First name _____ Surname _____ Date of birth _____

Postal address _____
Street number Street Suburb Town/city

Home phone Work phone Extn

Mobile phone E-mail _____

BANK ACCOUNT DETAILS FOR PAYMENT We'll update your details if you make changes here

BANK/BRANCH NUMBER ACCOUNT NUMBER SUFFIX

PRIVACY ACT / DECLARATION

This claim form collects personal and health information about the member named on this form for the purposes set out in the Southern Cross Medical Care Society ('Southern Cross') Member, Cancer Assist and Critical Illness Privacy Statements, including evaluating your claim, preventing, detecting and investigating fraud, and contacting you from time to time (using any of the above contact details) with information about Southern Cross Group products and services. The intended recipient of this information is Southern Cross. The information is being collected and held by Southern Cross, Private Bag 3216, Waikato Mail Centre, Hamilton 3240. If you fail to provide the information requested your claim may be declined. The member named on this claim form has the right to access and request correction of their information in accordance with the Privacy Act 2020. The full Southern Cross Member Privacy Statement is available at www.southerncross.co.nz/privacy.

This declaration must be signed in order for your claim to be paid

I declare that:

- All of the information supplied on this claim form is complete, true and accurate. I understand that any false or incorrect information I provide may result in this claim being declined and/ or my policy being cancelled in accordance with its terms.
- I am authorised by the member named on this claim form to complete and sign on their behalf.
- This claim is made in accordance with my policy document.
- I authorise Southern Cross to obtain from any person or organisation (including healthcare providers) any further information reasonably required to evaluate and investigate this claim (including after payment), and I authorise that person or organisation (or medical practitioners) to disclose such information to Southern Cross.
- I authorise any change of the bank account details used for claims payment, if the bank account details entered on this claim form are different to previous claims.

Policyholder's signature _____ **Date signed** ____/____/____

1. CANCER ASSIST OR CRITICAL ILLNESS CLAIM DETAILS

Name of member claiming _____

Please indicate the medical event you wish to claim for (please note Cancer Assist members can only claim for cancer)

- ☐ Cancer
- ☐ Cardiac – coronary artery bypass graft / heart attack
- ☐ Organ failure requiring major organ transplant
- ☐ Loss of independent living
- ☐ Functional loss due to paralysis
- ☐ Stroke

Details of the medical practitioner that the member has consulted with in relation to this claim.

Medical practitioner's name _____

Physical address _____
Street number Street Suburb Town/city Postcode

Work phone Extn E-mail _____

Name and contact details of any other medical practitioners that the member has seen or is seeing in relation to this claim (please attach additional sheets if more space required).

Medical practitioner's name _____

Physical address _____
Street number Street Suburb Town/city Postcode

Work phone Extn E-mail _____

So we can assess this claim, please make sure you have:

☐ Checked that the policyholder has signed the declaration above.

☐ Checked that the attending medical practitioner has completed, signed and dated Section 2 and attached all necessary supporting documentation to this claim form.

☐ Checked that the claim relates to a confirmed cancer or critical illness diagnosis.

2. CLINICAL DETAILS (to be completed by your medical practitioner)

Please answer the following questions to assist us in assessing a claim for your patient. Be as comprehensive as possible.

On what date did this patient first seek medical advice in relation to the health condition which relates to a sign or symptom of the cancer or critical illness event?	____/____/____
When was your patient first aware of signs and/or symptoms relating to the cancer or critical illness event?	____/____/____
On what date was this first diagnosed?	____/____/____

Please provide clinical details of the conditions, signs or symptoms that have resulted in this diagnosis.

Has this patient experienced the condition, sign or symptom previously? ☐ Yes ☐ No

If yes, please provide details.

I declare that the information I have disclosed is true and complete:

Signature of medical practitioner _____ **Date signed** ____/____/____

3. SUPPORTING DOCUMENTATION (to be supplied by the attending medical practitioner)

To assist us in assessing this claim, please attach all relevant supporting documentation.

Cancer
- A copy of all relevant pathology reports; and
- Medical Report outlining details of the Cancer; and
- Operation notes or other details regarding treatment provided or recommended.

Cardiac

Coronary artery bypass graft
- A pre-surgery angiogram report ; and
- Cardiothoracic surgeon's operation notes.

Heart attack
- A Cardiologist must certify that a Myocardial Infarction has occurred (including all the supporting evidence for the diagnosis).

Organ failure requiring major organ transplant
- Specialist Report outlining the reasons for the transplant; and
- A copy of the operation notes.

Loss of independent living
- Medical Report outlining the diagnosis and the daily living assessment.

Functional loss due to paralysis
- Medical Report detailing diagnosis and functional loss.

Stroke
- Medical Report (including copies of results of relevant diagnostic imaging, assessment of degree of neurological deficits and likely progress).