Manuka Street Hospital

Patient Admission Form

AFFIX PATIENT LABEL
(Office Use Only)

Please complete all sections and both sides of the form, and return (deliver, fax, scan and Email) ***at least one week prior to your admission*** *or as soon as possible to: Manuka Street Hospital, 36 Manuka Street, Nelson 7010. Fax to: (03) 548 2767 or email to: administration@manukastreet.org.nz.* ***If you post the form, please allow 1-2 extra weeks for delivery.***

Personal Details

Surname: _____ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mstr ☐ Dr ☐

First Name(s): _____ Preferred name: _____

Date of birth: _____ Age: _____ Gender: Male ☐ Female ☐ NHI *(if known)*: _____

Residential address: _____

Postal address *(if different from above)*: _____

Telephone: *(Home)* _____ *(Work)* _____ *(Mobile)* _____

Email address: _____ Occupation: _____

Admission Date: _____ Surgeon: _____

Operation: _____

General Practitioner / General Practice: _____

If you have been admitted to Manuka Street Hospital previously, please specify the year: _____

Ethnicity: NZ European ☐ Māori ☐ Pacific Islander ☐ Asian ☐ Other ☐ _____

NZ Resident? Yes ☐ No ☐ *If No, you are required to complete an 'Acknowledgement Form: Non NZ Resident'*

Next of Kin / Contact Person

Name: _____ Relationship to the patient: _____

Address: _____

Telephone: *(Home)* _____ *(Work)* _____ *(Mobile)* _____

Payment Details (Please tick and complete as many as applies):

☐ Health Insurance *(personal expenses such as telephone calls may be excluded)*

Insurance company: _____ Membership No: _____

Have you obtained "prior approval" for payment? Yes ☐ No ☐ Approval No: _____

You are required to pay the co-payment (as advised by your insurer) prior to your procedure if your policy does not cover the total cost of your procedure.

☐ ACC *(personal expenses such as telephone calls are excluded)*

☐ Other *(please specify)*: _____

☐ Paid personally
(If you are paying for all of the costs you are required to pay the estimated cost of your Hospital account on or before admission).

Please turn over

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Account Settlement

For ease of settling your account, you may wish to pay by direct credit into our bank account:
Manuka Street Hospital - ASB 12 – 3193 – 0025426 – 00

When paying by direct credit, please ensure your Invoice Number is the Reference, and your Surname is the Code.

Do you consent to receive your invoice via email? Yes ☐ No ☐
Note: If you have ticked 'yes' please ensure your email address is provided in the Personal Details section overleaf.

Pre-payment / Paying Personally

Your surgeon will advise whether this procedure requires a pre-payment; if it does, please ensure the pre-payment is made within three days of your surgery, or your surgery may be delayed. All procedures being paid privately require a pre-payment. Our direct credit details are above should you wish to make payment via internet banking.

When making a pre-payment by direct credit, please ensure your NHI number (from your surgeon) is the Reference and your Surname is the Code.

Agreement

I agree to settle my Manuka Street Hospital account in full within 30 days of surgery when personally paying my account or where I do not have 'prior approval' from my insurer. I understand I am responsible for any outstanding balance if my procedure is not fully covered by insurance, ACC or other contract. I give permission for Manuka Street Hospital to obtain any information relating to the approval / claim for this admission from the relevant funder(s), and I authorise that person or organisation to disclose such information to Manuka Street Hospital. I accept that, in the event my Manuka Street Hospital account is not paid in full by due date, Manuka Street Hospital reserves the right to add all costs of collection to this account. I accept that, in the event my account is not paid in full by due date, Manuka Street Hospital reserves the right to add interest to the outstanding balance, at the current rate of 19.95%. I understand the admitting Surgeon, Anaesthetist and other doctors or health professionals using Manuka Street Hospital facilities are independent and not employees of Manuka Street Hospital, with respect to both my treatment, care and account payment. I accept that this agreement is covered by New Zealand law.

Name: _____ Date: _____

Signature: _____

If not the patient, state relationship to patient: _____