

# Health Care Partner Prior Approval Form



Please complete this form and email to [nz.hppclaims@aia.com](mailto:nz.hppclaims@aia.com)

## 1 Healthcare Partner details

Name of contracted entity

Contract number

## 2 Patient details

Policy number

Full name

Date of birth  
(dd/mm/yyyy)

Preferred contact  
telephone

Mailing address

Street

Suburb

City

Postcode

Email

## 3 Claim details (Please attach to this Prior Approval a copy of the GP Referral Letter)

ACC related

Yes

No

Reason for service

Contracted service to be provided

Procedure code

Contracted service to be provided

Procedure code

Practitioner providing the service

Planned date of service

## 4 Patient consent – Healthcare Partner

We, the above named Healthcare Partner, have obtained appropriate consent from the above named patient (or their parent/legal guardian) under the provisions of the Privacy Act 2020 and the Health Information Privacy Code 2020 to permit the disclosure and sharing of all relevant policy and medical information between AIA New Zealand Limited or any of its related entities ("AIA") and the above named Healthcare Partner to complete the health insurance claim process.

## 5 Returning your form

Please check that all details are correct, then email form to [nz.hppclaims@aia.com](mailto:nz.hppclaims@aia.com)

