

Application for High Use Health Card (HUHC)



Medical practitioner

Name

Address

Phone number

Payee number

NZMC number

Ministry of Health use only
Card no.

This application is made on behalf of

First name/s

Last name

Address

NHI number

Date of birth

Previous HUHC no.

Card expiry date

This patient has received at least 12 health practitioner consultations within the last 12 months for a particular medical condition(s) which is/are ongoing in nature. None of these services have been for accident-related conditions which have been, or will be, reimbursed under the Injury Prevention, Rehabilitation and Compensation Act 2001. I therefore apply for a High Use Health Card to be issued to the patient named.

The particular ongoing medical condition(s) is/are

I certify that I have seen evidence of qualifying medical services as specified in the Health Entitlements Cards Regulations 1993 and its amendments. A summary of the dates and services provided is below.

Signature of medical/general practitioner

Date

Signature of patient or guardian

Date

Record of visits

Date
(dd/mm/yyyy)

Name of health practitioner
(eg Dr Bloggs or J Doe - nurse)

Reason for consultation (These must relate to the ongoing medical condition(s) stated above- eg, asthma)