Application for High Use Health Card (HUHC)

MINISTRY OF HEALTH
MANATŪ HAUORA

Please print clearly using capital letters.

Name and address of medical/general practitioner

Name

Address

Phone number 0

Payee number

NZMC number

Ministry of Health use only

Card No.

This application is made on behalf of:

Mr ☐ Master ☐ Mrs ☐ Ms ☐ Miss ☐ (Please tick one)

First name(s)

Last name

Unit/Flat no.

Street no.

Street name

Suburb

City/town

Postcode

NHI no.

Date of birth D D M M Y Y Y Y

Previous HUHC no.

Card expiry date D D M M Y Y Y Y

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 D D M M Y Y Y Y

Signature of patient or guardian

Date D D M M Y Y Y Y

Record of visits

Date (d/m/y) eg, 1/2/09	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

Please send this application to: Ministry of Health, Private Bag 3015, Whanganui Mail Centre, Whanganui 4540 Fax: 0800 100 131

HP 5863
June 2014