

Completing and Submitting your Admission Forms and Health Questionnaire

Attending an anaesthetic clinic?	Return Forms 2 and 4 to Royston Hospital no later than 10 working days prior to your procedure. Take Form 1 and Form 3 to your appointment, then return these forms to Royston Hospital.
Not attending an anaesthetic clinic?	Return all four forms to Royston Hospital no later than 10 working days prior to your procedure: DELIVER/COURIER or POST to Royston Hospital, 500 Southland Road, Hastings 4122 (envelope provided) or FAX (06) 873 1189 or EMAIL admissions@royston.co.nz If you faxed or emailed the forms to us, please bring the originals with you on admission.

Admitting Practitioner

Admission Date

PERSONAL DETAILS (patient to complete)

Patient Name

Surname

Given
Names

Title

Mr / Mrs / Ms / Miss
Mstr / Other

Preferred Name

Known As

Date of
Birth

Gender

Age

NHI No.

Previous Surname

If applicable

Ethnicity

Are you a New Zealand citizen or permanent resident?

☐

Yes

☐

No

Residential Address

Postcode:

Billing or Mail

Delivery Address

(if different to above)

Telephone

Home

Work

Mobile

Email

Contact person during my hospital stay

Surname

Given
Name

Title

Relationship
to Patient

Address

Telephone / Mobile

Next of Kin (if different to contact person)

Surname

Given
Name

Title

Relationship
to Patient

Telephone / Mobile

Patient's GP

Name

Clinic Name /
Address

Please turn over to complete Payment Details and Agreement ►

PAYMENT DETAILS (patient to complete)

Please ✓ the relevant box for the funder of your procedure and complete all relevant section(s):

Patient Name:

Surname

Given names

Date of Birth:

☐**ACC** (Accident Compensation Corporation)☐**Medical Insurance**

Name of Insurer

Membership No.

Have you obtained prior approval for payment?

☐

Yes

☐

No

Approval No.

Note: If no prior approval confirmation has been received, we will require you to prepay an account estimation prior to your surgery.

☐**Paying Personally**

If you are uninsured then you agree to prepay prior to admission an account estimation supplied by Royston Hospital

I have been advised that the estimate for the hospital charges**(excluding surgeon, anaesthetist or other third party charges) is:**

\$

I understand additional costs due to the particular nature of my treatment and any complications may not have been included in the above estimate and may incur extra costs

☐

Yes

Account Payment Options and Credit Card Authorisation

Up to and on the day of admission:

Eftpos/Debit Card

Cash

Bank Cheque

Up to 7 working days prior to admission: Personal Cheque

Up to 24 hours prior to admission:

Credit Card*

Internet Banking: Refer to our website

www.royston.co.nz or phone our receptionist***If paying by Credit Card, please complete and sign:**

Type of Credit Card

☐

MasterCard

☐

Visa

☐

Amex

Credit Card No.

Name on Credit Card

Expiry Date

I understand that signing this Credit Card Authority authorises Royston Hospital to debit my credit card with the estimated amount 24 hours prior to surgery and any subsequent amounts due and owing to Royston Hospital in relation to my admission and treatment.

Signature

Office Use Only: IP / DC / DSU

☐

Q Card Please contact the Royston Hospital Finance team, phone (06) 873 1111 - option 2, to arrange approval at your earliest convenience.

☐**Other** (eg DHB Contract)**PAYMENT AGREEMENT** (patient to complete and sign prior to admission)

- 1 I understand that if I do not have medical insurance or prior approval from my insurer, I agree to pay an estimated account prior to admission and settle my account in full on discharge. If the estimation results in any over-payment by me, Royston Hospital will refund the amount to me.
- 2 I understand that some costs such as laboratory testing, transfer and/or ambulance costs and other specialist costs such as radiology and occupational therapy will be billed separately and may be payable by me.
- 3 I understand that I am personally responsible for any other costs associated with my procedure if it is not covered by medical insurance, ACC or any other funder (e.g. suite upgrade, toll calls, etc).
- 4 I understand that the admitting practitioner and anaesthetist using Royston Hospital facilities are independent practitioners who are not employees of Royston Hospital. I understand I have a direct relationship with them in respect to treatment, care and payment of their accounts.
- 5 I give permission for Royston Hospital to obtain any information relating to the approval/claim for this admission from the funder, and I authorise disclosure of such information to and from that funder as deemed necessary to settle any claims.
- 6 Royston Hospital reserves the right to add collection costs and interest as per its Terms of Trade to any overdue account.

Patient / Guardian

Signature

Date