

HUTT VALLEY DISTRICT HEALTH BOARD

HUTT VALLEY DHB

**NON RESIDENT FORM**

To: The Revenue Manager  
Hutt Valley District Health Board



Title: <i>(Circle one)</i> Mrs    Ms    Miss    Mr    Mast		Hospital No:
Surname:		
1 <sup>st</sup> Given Name:		
2 <sup>nd</sup> Given Name:		
Date of Birth:		
Address: <b><u>N.Z. Address</u></b>		<b><u>Permanent Address</u></b> (normal overseas residence)
Street:		
Suburb:		
City:		
Country:		
Contact Telephone No. <b><u>N.Z.</u></b>	Contact Telephone No. <b><u>Overseas</u></b>	
Details of Nationality or Citizenship:		Medical Insurance:                      Y/N
Passport No:		
Sponsor: Name:		It is not the policy of this DHB to make claims to an Insurance Company. The patient should pay us, then claim reimbursement.
Address:		
Permit Details: Date Issued.....    Expiry Date.....		Name:
Date of Arrival in N.Z.                      ___ / ___ / ___		Address:
Date of Departure from N.Z.              ___ / ___ / ___		
Date of Visit/Admission:                      ___ / ___ / ___		
Purpose of Visit:    Holiday		Yes / No
Student / Employed in N.Z.		Yes / No
If studying or employed in New Zealand, name and address of educational institution or employer:		
Expected duration of study / employment:		
<b>Patient Declaration:</b> I hereby declare that the information given above is correct.    I understand that if I am NOT eligible for a benefit under Section 25 of the Health and Disability Services Act 1993, <b>I agree to pay the charge for treatment received.</b>		
<b>Signature of patient:</b>		<b>Date:</b>
<b>To be completed by HVDHB staff, where applicable:</b>		
I hereby declare that the Passport and Visa for this patient has been sighted by me and I confirm that this person is eligible to reside permanently / or has a Visa which meets the 2003-Eligibility Direction, and therefore qualifies for free hospital treatment.		
Signed:	Dept:	Date:

## **ELIGIBILITY FOR HOSPITAL RELATED BENEFITS**

In addition to New Zealand residents, the following classes of people are deemed to be **EXEMPT** from Non Resident charges:

Nuie, Cook and Tokelau Islanders

Australian Citizens

Citizens of United Kingdom who are normally resident in the U.K.

Citizens of other countries who have lived in N.Z. for two years or more (with valid permit)

Other classes of people such as refugees, government sponsored students, etc.

(For patients from United Kingdom - England, Scotland, Wales, Northern Ireland and Australia - the reciprocal agreement to treat patients covers EMERGENCY treatment only (ie unplanned Emergency Department services or acute admissions only).

If you have any doubts about the eligibility of a patient for treatment, this form notifying the Revenue Officer **MUST** be completed and the decision on whether the patient is covered by the provisions of the Health and Disability Services Act will be made by her/him.

## **ARCI ACT**

Any person injured in New Zealand is entitled to free hospital treatment. The cost of treating patients who are normally resident in New Zealand is covered by ACC. The cost of treating patients who are not normally resident in New Zealand is recovered, in part, from the ACC but the commission will not pay unless all information required is supplied. For this reason, all questions on this form **MUST** be answered and forms ACC45 and ACC/NR2 completed.

If the patient is unable to complete the ACC forms because of injury at the time of admission, please ensure that these forms are completed before discharge and that they are **forwarded to the Revenue Office** immediately.

### **NOTE:**

Work Visas that are valid for two years are classed as a Resident of NZ.  
If the Visa is issued for *under* two years they are classed as a Non Resident.  
Student/Visitors Visa no longer eligible if issued after 30/10/2003.  
(See notes –MOH Quick Guide to Eligibility)

All diplomats and their families, eg wife and children, are to be treated as Non Residents regardless of their length of stay in New Zealand.