

Patient Referral Policy & Eligibility Criteria

Patient Referral criteria as set by ARCH Trustees and Clinical Board:

- Patient must be a NZ Permanent Resident/ NZ Citizen.
- Patient or referring health professional has received correspondence from the relevant DHB declining surgery or removing the patient from the respective waiting list.
- Patient does not have private medical insurance, is unable to afford private medical treatment, and does not have an ACC claim for their condition.
- Patient is known to the referring health professional.
- Patient has given verbal indications as to his/her inability to pay for private treatment.

ARCH requires a declaration form from the patient signed by both the patient and their health professional, confirming that the patient does not have the means to pay for private treatment. At this point in time ARCH does not require asset testing, or proof of income

REQUIREMENTS FOR A REFERRAL TO BE PROCESSED:

1. Patient referral form from health professional, including relevant patient medical history.
2. Proof of DHB declination.
3. Signed patient declaration (<http://www.aucklandcharityhospital.org/about-us/gp-info/>)
4. Patient referral form (<http://www.aucklandcharityhospital.org/about-us/gp-info/>)
5. Pre-operative questionnaire.
6. Preadmission record.

The above can be posted or emailed. Address details below.

PLEASE NOTE THAT UNTIL ALL THE ABOVE HAVE BEEN RECEIVED, THE REFERRAL CANNOT BE PROCESSED

PO Box 301 314

Albany

AUCKLAND 0752

Email: info@aucklandcharityhospital.org Website: www.aucklandcharityhospital.org