WHEN DO I PROVIDE THE INFORMATION?
Depending on the situation and the services you require, you may be asked to provide information to show you are eligible before you receive treatment, during your hospital stay, or after you leave the hospital.

WHAT INFORMATION DO I PROVIDE?
You will be required to show us or provide a photocopy of the information we require that demonstrates you are eligible.

This information is different for each situation but may include: passport, visas, birth certificate etc. Please ask our staff as they will be able to advise you or we may have already advised you in a letter.

HOW DO I PROVIDE THE INFORMATION?
You can provide a photocopy of your relevant documents that show you are eligible in a number of ways:

Mail / Post: Central Referrals Office
Whangarei Hospital
Private Bag 9742
Whangarei 0148

Fax: (09) 4304115

Email: eligibility@northlanddhb.org.nz

Visit: Bring the relevant information with you to your Outpatient Clinic or drop it off at our Central Referrals Office at Whangarei Hospital.

Note: we can photocopy the information for you

NEED MORE INFORMATION OR HELP?
If you have any questions about who can have free healthcare and who is required to pay, please contact:

1. NORTHLAND DISTRICT HEALTH BOARD
Contact: The Eligibility Officer
Phone: (09) 4304101 extension 8804
Email: eligibility@northlanddhb.org.nz
Website: www.northlanddhb.org.nz

2. MINISTRY OF HEALTH
Contact: National Eligibility Service
Phone: 0800 855 151 Option 2
Email: eligibility@moh.govt.nz
Website: www.moh.govt.nz/eligibility

Please note as per Section 6, Principle 2(d) 3 of the Privacy Act 1993, one of the purposes for which we collect and may use and disclose information from you is to determine your eligibility for free, publicly funded healthcare. In order to determine your eligibility we may disclose information to the New Zealand Immigration Service. Only the minimum information necessary to determine your eligibility (generally your name, gender and date of birth) will be disclosed to the New Zealand Immigration Service and only for the purposes of determining your eligibility.

ARE YOU ELIGIBLE FOR PUBLICLY FUNDED HEALTHCARE IN NEW ZEALAND?

All patients need to prove they are eligible for publicly funded healthcare. Please read this brochure carefully.
WHY IS ‘ELIGIBILITY’ IMPORTANT?
Northland District Health Board (NDHB) receives direction and funding from the Government to provide a number of health and disability services to eligible people.

These services are called publicly funded services.

Eligible people are defined by the Government in a document called Health and Disability Services Eligibility Direction 2011.

If you are eligible for publicly funded services, you may be able to receive some health services free of charge or at a reduced cost.

ARE YOU ELIGIBLE?
If you are born outside of New Zealand or born after 1st January 2006 or we have incomplete records in our patient system we are required to check and confirm that you are eligible to publicly funded services. It is not an entitlement to receive any particular service.

IMPORTANT:
Being eligible does not mean you can automatically receive every service.

The healthcare services you will receive will depend on the availability of the service and what health professionals think you need.

ARE YOU?

- An overseas visitor to New Zealand (NZ) who has had an accident or personal injury since arriving
- A New Zealand Citizen
- Visiting from Cook Islands, Niue or Tokelau
- A NZ resident or permanent resident
- A person who has held a work visa for two years or longer
- A person with a NZ student visa
- A child who was born in NZ prior to 1 January 2006
- A child or young person with an eligible parent or legal guardian
- A child who was born after 1 January 2006 and has an eligible parent or legal guardian
- An Australian citizen or permanent resident who has lived in NZ for 2 years or longer or is just visiting NZ
- A UK citizen who is visiting NZ
- A refugee or applying to be a refugee

NOTE:
There may be other categories of people who are also eligible to receive publicly funded services who should contact the eligibility office if the person thinks or would like to find out if they are one of those people.

WHAT HAPPENS IF YOU ARE NOT ELIGIBLE?
If you are not eligible you will need to pay for any medical treatment and care that you receive.

If you do not provide the required information we will assume you are not eligible and bill for treatment.

These are some of the costs you may have to pay if you are not eligible for publicly funded services:

<table>
<thead>
<tr>
<th>Types of Costs</th>
<th>Estimate of Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Care</td>
<td>$465.00 minimum plus x-rays and tests</td>
</tr>
<tr>
<td>Inpatient (ward stays)</td>
<td>start from $960.00 per day</td>
</tr>
<tr>
<td>Operations</td>
<td>start from $2235.00</td>
</tr>
</tbody>
</table>

During your stay with us, staff can arrange for an estimate of the cost of your stay.

If there is a charge, the Accounts Receivable Office will work with you to help you meet your obligations with a payment plan.

IMPORTANT:
If you require emergency acute treatment you will not be turned away but you may be billed and have to pay for any treatment you receive.