

# Treatment Recommendation for Private Hospital Surgery form

## The veteran is eligible if:

- The condition has been accepted as a service-related condition with Veterans' Affairs
- The condition requires specialist hospital treatment
- The veteran has been referred to the public health system for treatment of the condition/surgery.

## Please read this information before completing this form

- This form should only be completed for the treatment of an accepted medical condition for a veteran.
- Veterans' Affairs is required under the Veterans' Support Act 2014 to consider publicly funded treatment options — this includes Te Whatu Ora, or their public health system if the veteran is not in New Zealand. If the time to the initial treatment in the public health system exceeds **6 months for surgery**, the veteran can request Veterans' Affairs fund private hospital treatment.
- There are exceptions to the above time frames if there is evidence that waiting to be seen by the public health system may potentially lead to harm due to the delay (such as risk to life or ongoing deterioration of health). If this is the case, please highlight this in question 9.
- It is important for all veterans to be referred to the public health system as there may be delays in Veterans' Affairs processing the request.

## What is the process

1. Discuss your treatment recommendations with the veteran and complete this form if specialist treatment/surgery is required.
2. If the veteran has not yet been referred to the public health system — please ensure this is completed immediately.
3. Send the completed form and any supporting documents via:
  - Email: [veterans@nzdf.mil.nz](mailto:veterans@nzdf.mil.nz), or
  - Post: Veterans' Affairs, PO Box 5146, Wellington 6140.

## If you would like assistance or like to discuss this form, contact us:

- New Zealand freephone 0800 483 8372
- Australia freephone 1800 483 837
- Rest of the world +64 4 495 2070
- Or email us at [veterans@nzdf.mil.nz](mailto:veterans@nzdf.mil.nz)

## Claimant details

**1** Full name:

First name

Middle names

Family name

**2** Date of birth:

 /  /  (DD/MM/YYYY)

**3** NHI Number:

**4** Is the condition you are recommending private hospital treatment for an accepted condition with Veterans' Affairs?

Yes — Which condition:

No — We cannot consider funding treatment. Please refer the veteran to the public health system.

## Surgery Details

**5** What surgery is recommended to treat this condition?

**6** Does the veteran require any pre-operative investigations?

Yes — What is required?

No

7

Is this surgery a generally accepted means of treatment for this condition in the veteran's country of residence?

Yes

No — What is the generally accepted means of treatment, and why are you recommending this particular treatment?

[Empty text box for answer to Question 7]

8

Has the veteran been referred to their public health system (such as Te Whatu Ora)?

Yes — Please confirm:

- The expected waiting time for surgery:
- The date the veteran was placed on the waiting list:
- Which public hospital:

No — Please refer the veteran to the public health system. If the surgery is urgent, outline your clinical concerns in Question 9.

9

If you consider that the veteran requires urgent surgery, give your clinical rationale behind the urgency for us to consider:

[Empty text box for clinical rationale]

What are the risks associated with delaying this treatment for the veteran:

[Empty text box for risks of delaying treatment]



Attach additional clinical information if required.

10

Will the veteran require any post-operative support? (For example, physiotherapy)

Yes — What is required?

[Empty text box for post-operative support details]

No

## Confirm and sign

### 11 Privacy and consent:

I confirm that the information provided in this form is true and complete.

I am aware there are penalties for providing false information.

I have spoken with the veteran and can confirm that:

**The veteran** acknowledges that as part of processing this application, Veterans' Affairs may obtain further information in addition to what they have provided.

**The veteran** has consented to the release and collection of health, clinical or other information to Veterans' Affairs held by any health practitioner, hospital, clinic, insurance company, Accident Compensation Commission, Ministry of Social Development, Department of Internal Affairs or other persons or agencies for the purpose of assessing and processing this application and administering any resulting entitlement or assistance.

**The veteran** has read and understands the privacy statement. The full statement is available on our website: [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)

### 12 Specialist details

Name:

Email:

Clinic details:

Profession:

CPN (HPI number):


Medical Council registration number:

Signature:

Date:

/   /     ( DD/MM/YYYY )

### 13 Ensure you attach any supporting documents:

-  • Quote for private surgery
- Any additional medical information to support this request.

**Send this form and supporting documents to Veterans' Affairs:**

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- or post to: Veterans' Affairs, PO Box 5146, Wellington 6140.