

Overseas visitors will be charged for taxpayer funded health care

The Government of New Zealand provides free health care and disability services to people who are ordinarily legally resident in New Zealand. Very few services are provided free to people who are not New Zealand residents.

District Health Boards are required by the Government to ensure only people who are eligible are provided with free health care.

As a result, Clutha Health First staff will ask all patients who were not born in New Zealand to produce proof of eligibility.

Anyone needing EMERGENCY CARE will receive appropriate treatment. However, patients not eligible will be charged for their treatment and asked to pay on discharge from hospital.

Proof of eligibility

The following legal verification is acceptable:

- NZ Passport
- Residency Permit
- Current work permit for two years or more
- Refugee status
- Child 18 years or under living with a legal guardian who is eligible needs to show the guardian's proof of eligibility

For UK citizens, ordinarily resident in the UK, and Australian citizens, ordinarily resident in Australia who are covered by reciprocal agreements for emergency treatments:

- UK Passport
- Australian Passport

For Australian citizens ordinarily resident in NZ

- Anything that shows long term residency, eg. rates demand, tenancy agreement, blood donor card.



Who pays for your Health Care?

Information for Patients Admitted to CHF

Clutha Health First
9-11 Charlotte Street, PO Box 46, Balclutha
Telephone 03 4190500
www.cluthahealth.co.nz

Are you eligible for free Inpatient health care?

(for patients admitted to CHF IP or Maternity)

Yes, if you are one of the following:

- A New Zealand citizen (including those citizens who live in the Cook Islands, Niue or Tokelau)
- Have New Zealand Residency
- A pregnant woman lawfully in New Zealand with a spouse/partner who is a New Zealand citizen / permanent resident (maternity care only)
- A foreign worker with work permit(s) for two years or more
- An Australian or UK resident requiring “immediate necessary treatment”
- A refugee with proof of status
- A child 18 years or under who is under the legal guardianship of an eligible person

For more information regarding eligibility for publicly funded Health and Disability Services in New Zealand, visit:
www.moh.govt.nz/eligibility

Are there any exceptions?

Yes, all overseas visitors are eligible for free treatment under the following circumstances:

Accident

All overseas visitors are entitled to free acute (emergency) care following an accident. However, they must apply to ACC (Accident Compensation Corporation) for approval to undergo any ongoing treatment.

Compulsory Treatment

Free care is provided for any patient who has been admitted to hospital under a compulsory treatment order issued under:

- The Tuberculosis Act,
- The Mental Health Act, or
- The Alcoholism and Drug Addiction Act

If you are not eligible, who pays?

Insurance Company Payments

It is the responsibility of the patient to arrange for all payments to be made to the Clutha Health First. Only if an insurance company has accepted liability and Clutha Health First is guaranteed payment, will Clutha Health First invoice the insurance company.

Personal Payment

In other instances (where insurance does not apply) you will be personally liable for the cost of treatment.

Payment for treatment can be made at Main Reception.

General Specialist Treatment

Any ineligible patient who seeks general specialist treatment at a hospital will be prioritised alongside eligible patients if there is spare capacity for the treatment. The estimated cost must be paid in advance and any additional costs must be paid at the end of treatment.