

# Avenue Healthcare Individual Application for *Jamii* Membership

**Medical History Summary** (Please complete one form for EACH family member)

Attach / Glue one recent passport size photo of each member.

Please do not staple or pin.

Name:	
Dependant of:	

Date of Birth:	D	D	/	M	M	/	Y	E	A	R	Blood Group:		+ / --
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1	Have you ever been hospitalised for any reason in the past? YES <input type="checkbox"/> NO <input type="checkbox"/> Please give details		
	<u>Admission Date</u>	<u>Hospital</u>	<u>Reason</u>
2	Have you consulted a doctor or medical specialist in the past one year? YES <input type="checkbox"/> NO <input type="checkbox"/> Give details		
	<u>Doctor's Name &amp; Address</u>	<u>Illness</u>	<u>Medication / Drugs or Treatment</u>
What is your current condition with regards to the conditions listed above?			
3	Are you currently under treatment, taking any medication or do you require treatment for any illness or condition? YES <input type="checkbox"/> NO <input type="checkbox"/> Please give full details		
	<u>Illness / Condition</u>	<u>Medication / Drugs or Treatment</u>	
4	Do you have any known allergies? YES <input type="checkbox"/> NO <input type="checkbox"/> Please give full details		
5	Have you ever been refused or denied medical insurance in the past or have you had your medical insurance cancelled for any reason? YES <input type="checkbox"/> NO <input type="checkbox"/> Please give details		
6	Do you suffer from any medical condition such as varicose veins, skin problems, renal/ kidney, cardiac / heart disease, stomach or digestive problems, recurrent headaches, nervous or mental disorders, physical defects, high blood pressure, diabetes or any other impairment of health which has not been disclosed in the form above? YES <input type="checkbox"/> NO <input type="checkbox"/> Please give details		

I hereby declare that all particulars stated above are true and complete to the best of my knowledge. I have not withheld or misstated any information which might affect AHC's decision to cover me / my dependants. I further declare that I am in good health now and agree to notify AHC if there should be any change in my current condition, lifestyle and / or occupation which might affect my health in the future. I have no objection to Avenue Healthcare personnel or their representatives obtaining information from my Medical Doctor(s) with regard to this application.

I confirm that I have read and understood the terms, benefits, limits and exclusions of Avenue's Jamii Medical Plans, and agree to abide by all procedures and policies of AHC in the exercise of my benefits if my application is approved.

Signature	Date
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**NOTE:** All Avenue Healthcare *Jamii* Medical Plans are subject to limits & exclusions (see overleaf)

## Avenue Healthcare's Exclusions

AHC shall not accept for membership anyone who is over 65 years <sup>①</sup> of age, or cover anyone who has a malignant, neoplastic, renal (kidney), or cardiac disease. AHC shall not be responsible for the cost of treatment for chronic (*conditions which require long term care or are incurable*) or pre-existing medical conditions (*conditions which originated before commencement of cover*), genetic and congenital conditions, HIV / AIDS or AIDS related disorders, drug and/or alcohol dependence, cosmetic surgery except for treatment of severe accidental disfigurement, the costs of scientifically unrecognised drugs and/or treatments, drugs not registered with the Ministry of Health, ante-natal care, planned/scheduled obstetric or maternity care, non-emergency gynaecological surgery (e.g. fibroids, dysmenorrhoea etc. unless the condition is life threatening), family planning or infertility treatments, dental examinations and/or treatment except in the event of severe accidental damage, eye examinations and/or corrective lenses, chiropractors, medical equipment, prosthetic devices, hearing aids, elective medical tests and treatments or admissions not associated with obvious ill health, home nursing care, or any other medical service and/or items not specifically mentioned.

AHC shall not be responsible for the costs of any admission, prescription, X-ray, laboratory test, or specialist consultation unless a written referral is first given by an AHC Doctor.

AHC shall not be responsible for the costs of any treatment or care other than that available at Avenue Hospital at the time of signing of this agreement except where specifically mentioned.

AHC shall not be responsible for the costs of any ambulance, evacuation or transfer <sup>②</sup>

AHC shall not be responsible for the costs of **outpatient treatment** for the first two weeks of enrolment.

AHC shall not be responsible for the costs of admission to hospital except for accidents or accidental injury during the first sixty days of each membership.

Note:

- ① Members who are between 55 - 65 years of age may be required to undergo a medical examination by an Avenue Healthcare doctor, at the member's cost, prior to approval of their application.
- ② Medical Taxi and Ambulance services are available from Avenue at an additional cost.

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### FOR AHC OFFICIAL USE ONLY

I confirm that I have reviewed the medical history details of this applicant and....

- I approve this application for membership
- I do not approve this application for membership
- I approve this application for membership under the following provisions:-

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AHC Doctor's Name

Signature:

Date: