

PATIENT DETAILS

Process Number Name _____

Date of Birth _____ Sex _____ Marital Status _____

Address _____

Postcode _____ Country _____

Passport/ID _____ Local Tax N° (contribuinte) _____

Local SNS * _____ Mobile _____

Home Telephone _____ Business Telephone _____

E-mail _____

FAMILY MEMBERS

Process N.º	Name	Date of Birth	Local Tax N°	Local SNS *
<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____

Please attach a copy of your ID Document, Local Tax Card and Local SNS Card.

HOW DID YOU BECOME AWARE OF THE CARECARD?

Hospital
 Website
 Advert
 Friends/Family
 Others

HPA USE ONLY

Nome do(a) Rececionista (legível) _____ Valor/ Associado _____

Observações _____

Por favor, anexar ao processo administrativo, fotocópia do Bilhete de Identidade, do Cartão de Contribuinte e do Cartão de Utente, caso ainda não conste. Anexar ao formulário do Carcard, comprovativo de pagamento ou fotocópia de cartão válido, de parceiro associado.

GENERAL CONDITIONS

1. The **CareCard Medchique**, further designated as Card, property of the Clinica Particular Medchique, further designated as CPMedchique.
2. The Card is personal and non-transferable, issued in the name of the holder.

VALIDITY

1. Each Card is valid for one year and can not be used after the expiry date.
2. Reissue is not automatic. Care Holder must apply for renewal 30 days prior to expiry date.

REQUIREMENTS & PAYMENT

1. The use of the Card becomes valid once the Card holder accepts its conditions.
2. The annual cost of **CareCard Medchique** is 36€, paid in full on application.

USE

1. The Card can only be used for services provided at the HPA Group and also in benefits offered by associated companies of the HPA.
2. The Card holder must:
 - a) Be in possession of an identification document;
 - b) The Card holder is responsible for the conservation and correct use of the Card;
 - c) In cases of bad use, the Card can be reissued at the cost of 5€ (five euros).

CONDITIONS

1. The Card conditions are not cumulative with other health plans.
2. The Card is not subject to a period of grace and has no age limit.
3. The holder of the **CareCard Medchique** will have access to the existing services available at the CPMedchique as well as at the HPA Health Group, under preferential conditions and advantages (see table below).

EXCLUSIONS

1. Exclusions to the present contract are the medical services provided by doctors that are contracted out of the CareCard Medchique.
2. Free Check-Up available only after annual payment.
3. Discounts and benefits apply to CareCard holders after application.

LOSS OR THEFT

1. In case of loss or theft the Card holder must inform the CPMedchique immediately (Tel - 282 913 747).
2. If this information was made by telephone, it must also be communicated in writing, either by post or email medchique@grupohpa.com.
3. Once a written confirmation has been received, the CPMedchique will cancel the Card and will issue a substitution Card.

CANCELLATION OF THE CARD

1. Cancellation of the contract must be communicated in writing, with a 15 (fifteen) day notice period by either party.
2. Once cancelled the Card holder must return the Card to CPMedchique within 15 (fifteen) days.
3. The CPMedchique reserves the right to cancel or suspend the use of the Card in case of breach of the contract.

ALTERATIONS OR UPDATES

1. The CPMedchique is free to, at any time, modify these general conditions, but must inform the Card holder within a minimum notice period of 15 (fifteen) days, via one of the following means: email, Letter, Fax or SMS.
2. The Changes or Updates stated in point one, give the Card holder the right to cancel the Card, within a period of 15 (fifteen) days.

CHANGES ON APPLICATION DETAILS

1. Alterations or Changes of personal details must be communicated in writing to the CPMedchique by the Card holder.

REFLEXION PERIOD

1. The card holder can revoke the present contract by registered letter within a 7 (seven) day period, from the application date.
2. The cancellation of this contract during the first 7 days does not entail any expense to the card holder.

> PLEASE TICK IF YOU DO NOT WISH TO RECEIVE FURTHER NEWSLETTERS.

SERVICES	COST/DISCOUNT***	SERVICES	COST/DISCOUNT***
CONSULTATIONS WITH GENERAL PRACTITIONER AT CPMEDCHIQUE	25€	IN-PATIENT FACILITIES INCLUDING IN-PATIENT MEDICAL FEES, PERMANENT OBSERVATION ROOM, AND INTENSIVE CARE UNIT	-30%
SPECIALISTS CONSULTATIONS AT CPMEDCHIQUE & HPA HEALTH GROUP	-30%	MATERNITY SERVICES	-30%
NURSING TREATMENT	-20%	OPERATING THEATRE INCLUDING SPECIALIST FEES & RECOVERY ROOM	-30%
COMPLEMENTARY DIAGNOSTIC EXAMINATIONS AND PHYSICAL REHABILITATION TREATMENT PRT 1)	até -20%	CONSUMABLES AND MEDICATION	-30%
EMERGENCY EPISODES 2)	80€/Episode	PRIVATE AMBULANCES	-50%

*** Discount on CPMedchique and HPA Health Group Price List.

- 1) Clinical Analysis – cost equal to those of NHS; 20% discount on Diagnostic Examinations. Fixed prices for the following exams: X-Rays =15€ // Ultrasound =40€ // CT Scan =120€ // MRI =245€; Physical Rehabilitation Treatment 40% discount.
- 2) Emergency Episodes at the Hospital Particular in Alvor or Gambelas 25€, which includes all services (Specialists Fees, namely Pediatrics) from admission to discharge. **Excludes CT Scan, MRI, Surgical Procedures and Hospitalization.** If a medical consultation is the only medical care required, the cost will be 25€.

SIGNATURE

DATE / /