

**PATIENT'S NAME**

Process Number  Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_

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  > Advertise  > 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 Care Card Premium, further designated as Card, property of the Hospital Particular do Algarve, further designated as HPA.
2. The Card is personal and non-transferable, issued in the name of the holder.

## VALIDITY

1. Each Card is valid from three month to a three year period, 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

1. The use of the Card is valid once the Card holder accepts its conditions.

## USE

1. The Card can only be used for services provided at the HPA Group and also of the 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 holder will have access to all services offered at the HPA Group with preferential conditions, with the following advantages:
  - a) Benefit from a basic annual Check-Up or a 10% discount on the Premium Check-Up.
  - b) Benefit from an annual Dental Check-Up.
  - c) Payment facilities (prior approval necessary from Financial Management);
  - d) Dental and Aesthetic services – 10%;
  - e) Preference on Ambulatory Services;
  - f) Priority when making appointments for GP and Specialist Consultations;
  - g) Regular information on discounts and on HPA news;
  - h) Other preferential conditions to be agreed between the Card holder and the HPA;
  - i) Specific discount on the following services:
    - I. Emergency Episode – 20%;
    - II. Outpatient Services – 10%;
    - III. Daily rates and doctors fees on Inpatient treatment and Intensive Care – 10%;
    - IV. Maternity Services – 10%;
    - V. Operating Theatre charges and surgeons fees – 10%;
    - VI. Recovery room expenses – 10%;
    - VII. Consumable material and pharmacy costs – 10%;
    - VIII. All exams and tests – 10%;
    - IX. Hemodynamics Exams – 10%;
    - X. Nuclear Medicine Exams – 10%;
    - XI. Ambulance Transport – 30%;
2. The Card conditions are not cumulative with other health plans.
3. The Card is not subject to a period of grace and has no monthly fee.

## EXCLUSIONS

1. Exclusions to the present contract are the medical services provided by doctors that are not registered on the Card system.
2. Free Check-Up available only after annual payment.
3. Discounts and benefits apply to CareCard holders after application.

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

## PAYMENT

1. The services associated with the CareCard, are subscribed through an annual fee. Payment may be triannual, semi-annual, annual or triennial.

TYPE	Quarterly	Biannual	Annual	Triannual
PREMIUM <sup>(A)</sup>	37,5€	75€	150€	400€
JÚNIOR <sup>(B)</sup>	25€	50€	100€	250€
FAMILY <sup>(C)</sup>	35€ <sup>(A)</sup> 20€ <sup>(B)</sup>	60€ <sup>(A)</sup> 40€ <sup>(B)</sup>	120€ <sup>(A)</sup> 80€ <sup>(B)</sup>	300€ <sup>(A)</sup> 200€ <sup>(B)</sup>
CORPORATE	25€	50€	100€	100€

(A) Adult · (B) Children < 18 · (C) Minimum 2 people

## LOSS OR THEFT

1. In case of loss or theft the Card holder must inform the HPA immediately.
2. If this information was made by telephone, it must also be communicated in writing, either by post or email [carecard@grupohpa.com](mailto:carecard@grupohpa.com).
3. Once a written confirmation has been received, the HPA 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 HPA within 15 (fifteen) days.
3. The HPA reserves the right to cancel or suspend the use of the Card in case of breach of the contract.

## ALTERATIONS OR UPDATES

1. The HPA 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 HPA 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.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_