



GRUPO **HPASAÚDE**

carecard
APPLICATION FORM

PATIENT'S NAME

Process Number Name _____

Date of Birth _____ Sex _____

Address _____

Postcode _____ Country _____

Mobile / Home Telephone _____

E-mail _____

FAMILY MEMBERS

Process N.º	Name	Date of Birth
<input type="text"/>	_____	_____
<input type="text"/>	_____	_____
<input type="text"/>	_____	_____
<input type="text"/>	_____	_____
<input type="text"/>	_____	_____
<input type="text"/>	_____	_____

HPA USE ONLY

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

Observações _____

Por favor, anexar ao processo comprovativo de pagamento ou fotocópia de cartão válido, de parceiro associado.

TERMS AND CONDITIONS

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 months 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, in Mainland, 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.
 - 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. Check-up Premium discount.
4. Discounts and benefits apply to CareCard holders after application.

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 ^(A)	37,5€	75€	150€	400€
JÚNIOR ^(B)	25€	50€	100€	250€
FAMILY ^(C)	35€ ^(A) 20€ ^(B)	60€ ^(A) 40€ ^(B)	120€ ^(A) 80€ ^(B)	300€ ^(A) 200€ ^(B)
CORPORATE	25€	50€	100€	250€

(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.
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.

PRIVACY POLICY

1. Data Collection and its Use

The HPA Health Group is the entity responsible for collecting and processing the personal data of Users.

The personal data collected will be processed and stored by the HPA Health Group or by an entity contracted by HPA for answering your queries, comments and suggestions as well as appointment requests.

Personal data collected shall be stored for the period and purpose which might be necessary in order to comply with requests, after which it shall be deleted.

The HPA Health Group assumes that the data collected was inserted by the respective holder and that its insertion was authorized and accurate.

2. Right of Access

In compliance with Legislation Act 67/98, of October 26, for the Protection of Personal Data, the user may, at any time, exercise the rights of access, rectify and cancel their personal data, as well as the right of disagreeing with the treatment thereof, by written request addressed to: Grupo HPA Saúde, Estrada de Alvor, 8500-322 Portimão, Portugal.

3. Data Transmission

The HPA Health Group may transmit personal data to a third party provided that it has unequivocally obtained the consent of the User or when the request is of a legal nature, from the National Data Protection Commission; or the communication is carried out to protect the vital interests of the User or any other legitimate legal purpose.

4. Changes to the Privacy Policy

The HPA Health Group reserves the right to, at any time and without prior notice, alter, add or revoke, partially or totally its Privacy Policy with immediate effect. Any alteration will immediately be posted online on this same page.

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

SIGNATURE

DATE

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