






## New Criterion for the Public Private Partnership - Free Health Schemes

1. The General Practitioners (GPs), Dental Practitioners (DPs) and Medical Laboratories (MLs) provides free medical services to the general public, particularly those who are fully reliant on the public health system. This is enabling greater access to quality healthcare and medical services in Fiji.
2. To strengthen the scheme, the Government in March 2023 launched a dedicated website for the '**Free Health Schemes**' ([www.Freehealthschemefiji.com](http://www.Freehealthschemefiji.com)) including the 'Online Patient Information System' which streamlines necessary processes for the administration of the scheme.
3. As announced in the 2023-2024 Budget announcement by the Deputy Prime Minister and Minister for Finance, Strategic Planning, National Development and Statistics, the Free Health Schemes will continue in the new financial year, but we are now bringing in necessary improvements, better controls, and new criterion to improve the scheme going forward.
4. From 1 August 2023, only patients with a combined household income of \$30,000 or less per annum can qualify for the free services under the '**Free Health Schemes**'.
5. Fijians who wish to be seen under the Scheme is requested to register where eligible individuals is required to complete an application form from tomorrow, 26 July 2023. Eligible Fijians are requested to fill the manual form and submit to the Ministry of Finance, Strategic Planning, National Development and Statistics.
6. The e-application (online) form will be available by Friday, 28 July 2023 which can be accessed through the following link: <https://freehealthschemesfiji.com/application-form>
7. Application forms to apply to qualify for the free services under the '**Free Health Schemes**' will be available from the respective general practitioners, dental practitioners, and medical laboratories under the scheme. The application form will also be available online at:
  - [www.fiji.gov.fj](http://www.fiji.gov.fj)
  - [www.economy.gov.fj](http://www.economy.gov.fj)
8. Filled application forms (hard copy) can be submitted as follows:

|   |   |    |
|--|--|---|
| <p><b>Emailed:</b><br/>           Pragna Patel: <a href="mailto:pragna.patel01@finance.gov.fj">pragna.patel01@finance.gov.fj</a><br/>           Makereta Tuima: <a href="mailto:makereta.tuima@finance.gov.fj">makereta.tuima@finance.gov.fj</a><br/>           Noa Naweli: <a href="mailto:noa.naweli@finance.gov.fj">noa.naweli@finance.gov.fj</a></p> | <p><b>Delivered:</b><br/>           Permanent Secretary for Finance<br/>           (Deliver to Ms. Pragna Patel / Mr. Noa Naweli)<br/>           Ministry of Finance<br/>           Level 8 (West Wing)<br/>           Ro Lalabalavu House, Suva</p> | <p><b>Posted:</b><br/>           Permanent Secretary for Finance<br/>           Attention: Mr. Kamal Gounder<br/>           Ministry of Finance<br/>           P O Box 2212, Government Buildings, Suva</p> |

**Ministry of Finance, Strategic Planning, National Development and Statistics**



**Free Health Schemes  
(Public Private Partnership Scheme - General Practitioners, Dental  
Practitioners and Medical Laboratories Services)**

**Application Form**

From 1 August 2023, only patients with a combined household income of \$30,000 or less per annum can qualify for the free services under the free health schemes (general practitioners, dental practitioners and medical laboratories).

Fijians who wish to be seen under the Scheme need to register and complete the following application form (either manual form or e-application form):

**Section A. Personal Information**

Title: .....

First Name: .....

Last Name: .....

Applicants BRN #: ..... (copy to be attached)

Date of Birth: .....

Phone: .....

Residential Address: .....

Postal Address: .....

.....

Email Address: .....

.....

Occupation: .....

TIN #: .....

Annual Income: ..... (upload recent copy of payslip / proof of income)

**Section B. Identification**

Please submit the following photo identification(s) (copy to be attached):

Voter I.D Card

FNFP Joint Card

**Section C. Household Details**

No. of Adults in household including applicant: .....

No. of Children in household: .....

List of Wage earners in household & annual income (gross):

| Wage Earner                   | Annual Income                           | Attach copy of the recent payslip / proof of income |
|-------------------------------|---|---|
| <i>first &amp; last names</i> | <i>before tax &amp; FNFP deductions</i> |   |
|                               |   |   |
|                               |   |   |
|                               |   |   |
|                               |   |   |
|                               |   |   |

**Section D. List of Household Members to Access the Free Health Schemes**

| Name (first & last names) | BRN # | Photo Identification – Voter ID / FNFP Joint Card (copy to be attached) | TIN # | Date of Birth | Gender | Mobile Number | Email | Occupation |
|---------------------------|-------|---|-------|---------------|--------|---------------|-------|------------|
|                           |       |   |       |               |        |               |       |            |
|                           |       |   |       |               |        |               |       |            |
|                           |       |   |       |               |        |               |       |            |
|                           |       |   |       |               |        |               |       |            |
|                           |       |   |       |               |        |               |       |            |

**\*\*Note:** For children below the age of 18, please upload a clear / visible photo (of the applicant only)

**Section E. Declaration**

By ticking this box  , I declare that:

- (a) the gross annual income of my household (persons living in the same house) is \$30,000 or less;
- (b) to the best of my knowledge, no other member of my household has applied for, or is planning to apply to qualify under the initiative / scheme; and

(c) I understand that the provision of false information to Government for the purposes of receiving a benefit is an offense under the False Information Act 2016 and may result in a requirement to repay the benefit, a fine of up to \$20,000 or an imprisonment term of up to 10 years or any or all of the forgoing.

**Section F. Declaration Signature**

I, ..... (full name)

of, ..... (residential address)

solemnly and sincerely declare that the information contained in this form is true and correct and I make this solemn declaration believing the same to be true and by virtue of the Statutory Declarations Act (Cap.43).

Declared at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 2023

before me and I certify that the declaration was read over in the .....language to the declarant who appeared to fully understand the meaning thereof.

Signature of Applicant:

Signature of Witnessing Officer (Commissioner of Oath / Justice of Peace / Advisory Councilor / District Officer / Divisional Commissioner) by virtue of the Statutory Declaration Act (Cap. 43)

Name: .....

Office Held: .....

**For Official Use Only**

| DIVISION                       | Western   | Northern                           | Central / Eastern |
|--------------------------------|---|------------------------------------|-------------------|
| <b>TICK ONE</b>                |   |                                    |                   |
| <b>VERIFIED AND UPDATED BY</b> |   |                                    |                   |
| <b>STAMPED</b>                 | The following form/ declarations has been provided by the applicant |                                    |                   |
|                                | Statutory Declaration Form  | Application Form                   |                   |
|                                | Valid Photo ID  | Tin Letter or Joint FNPf/FRCS Card |                   |
|                                | Latest Certified Payslip  | Birth Certificate                  |                   |
|                                | Copy of Photo (clear / visible)<br>for children below the age of 18 |                                    |                   |

|   |   |   |
|--|--|--|
| <p><b>Emailed:</b><br/>                     Pragna Patel: <a href="mailto:pragna.patel01@finance.gov.fj">pragna.patel01@finance.gov.fj</a><br/>                     Makereta Tuima: <a href="mailto:makereta.tuima@finance.gov.fj">makereta.tuima@finance.gov.fj</a><br/>                     Noa Naweli: <a href="mailto:noa.naweli@finance.gov.fj">noa.naweli@finance.gov.fj</a></p> | <p><b>Delivered:</b><br/>                     Permanent Secretary for Finance<br/>                     (Deliver to Ms. Pragna Patel / Mr. Noa Naweli)<br/>                     Ministry of Finance<br/>                     Level 8 (West Wing)<br/>                     Ro Lalabalavu House, Suva</p> | <p><b>Posted:</b><br/>                     Permanent Secretary for Finance<br/>                     Attention: Mr. Kamal Gounder<br/>                     Ministry of Finance<br/>                     P O Box 2212, Government Buildings,<br/>                     Suva</p> |