

Health Management Program Approval

IMPORTANT INFORMATION BEFORE YOU SUBMIT THIS FORM:

We are only permitted by law to pay benefits for health management programs which help manage a condition that has been identified before you start the programs or classes. We can therefore only pay for programs which:

- form part of a health management plan recommended by your GP or other recognised health practitioner, AND
- are provided by a practitioner with an Australian Business Number and who specialises in the recommended program.

Who can complete this form? This form must be completed by your Doctor, Dietitian, Nutritionist, Exercise Physiologist, Physiotherapist, Osteopath, Chiropractor, Occupational Therapist, Psychologist, Diabetes Educator or Aboriginal Health Worker stating what condition the exercise classes or program are intended to manage.

1 CLAIMANT DETAILS

Policy Number:

Date of birth:

Full name:

2 PRACTITIONER DETAILS

Practitioner Name:

Practitioner Number:

Practitioner's Speciality:

Address:

Suburb:

State:

Postcode:

3 HEALTH CONDITION DETAILS

What condition is the program aimed to manage?

What exercise/health management program is being recommended?

The policy holder has had this condition since:

How long should the activity be undertaken? This form lasts for a maximum of one calendar year and will need to be renewed after that time.

3 months

6 months

12 months

4 DECLARATION BY HEALTH PRACTITIONER

I declare that the benefit sought by the claimant is intended to manage a specific health condition(s) that I have identified and that all the information contained in this form is true and correct.

Signature:

Practitioner Name:

Date:

Please note: Benefits can only be paid for classes or programs that have a start date after the date your condition was identified.

Benefits will not be paid for:

- Goods or services that are primarily for recreation such as sports club/gym memberships or personal training sessions
- Pilates, yoga, weight loss classes or hypnotherapy
- Food, supplements, vitamins, books, videos, CD/DVDs
- If a benefit is claimable through Medicare, PBS or any other agency

Next step: Submit the completed Health Management Program Approval form along with the invoice/receipt to see-u by email, mail, Online Member Services, or via the see-u app.