

# Health Improvement Benefit Approval Form



This form must be completed by a Health Provider stating what condition the exercise classes or programs are intended to manage.

A Health Provider for the purposes of this form means a Medical Practitioner, Dietitian, Exercise Physiologist, Physiotherapist, Osteopath, Chiropractor, Occupational Therapist, Psychologist, Diabetes Educator or Aboriginal Health Worker.

**This form lasts for a maximum of 2 years and will need to be renewed after that time.**

## Patient details

### Who is this claim for?

Member number

First name

Surname

## Health Provider details

**This section must be completed by the Health Provider recommending the exercise class or program.**

Name

Provider Number

Speciality

Address

Suburb

State

Postcode

### What is the Patient claiming benefits for?

- Exercise classes or Personal training     Exercise physiology     Gym membership  
 Pilates     Swimming lessons for children 0-17 years     Weight loss classes  
 Yoga

### Health condition details

What are the classes or courses aimed to manage?

- Arthritis     Asthma     Body Mass Index (BMI) over 26 for adults or unhealthy BMI for children  
 Diabetes     High blood pressure     Muscular skeletal disorder  
 Pregnancy     Other – please detail below

### The member has had this condition since

### Declaration by Health Provider

I declare that the benefit sought by the member 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.

Health Provider's signature

Date:    /    /

## To be eligible to receive any benefits for Health Improvement:

1. Print this Health Improvement Benefit Approval Form
2. Take it to your Health Provider and have them complete this form
3. Submit this form by logging in online and uploading via "Make a claim"