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.

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Asthma				26 for adults o	or unhealthy	BMI for children
High blood pr	ressure	-			Í	
Other – please	e detail below					
mplete: his condition since						
	Asthma High blood pools Other – pleas	sonal training Exercise phys rogram Swimming les condition are the classes/courses aim Asthma High blood pressure Other – please detail below	Exercise physiology group clarogram Swimming lessons for childress aimed to managed a sthma Asthma High blood pressure Other – please detail below mplete:	Exercise physiology group class rogram Swimming lessons for children 0-17 years condition are the classes/courses aimed to managed? Asthma Body Mass Index (BMI) over 3 High blood pressure Muscular skeletal disorder Other – please detail below	Sonal training	Sonal training

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 to your account at **ahm.com.au** and upload this form under the **Health Improvement Benefit Approval form** option. **Or**, if you have a receipt, select **Make a claim** and upload this form with your receipt instead.