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
- Weight management program
- Swimming lessons for children 0-17 years

**Health condition details**
What diagnosed medical condition are the classes/courses aimed to managed?
- 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

**Health Provider to complete:**
The member has had this condition since D D M M Y Y

**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”