

# Health Management Program Approval Form



If your cover includes TUH's Health and Wellness benefits, you can claim towards the cost of health management programs when the program is designed to address or improve a specific chronic health or medical condition. To ensure TUH meets the legislative requirements, these benefits may only be approved if they have been recommended by your treating medical practitioner and are not claimable from Medicare.

<b>Member Number</b>			
<b>Member Name</b>		<b>Date of Birth</b>	

Please note this form is valid for 12 months from the health provider's signed date.

### What you need to do:

- Complete member details and select your payment option.
- Have a recognised health provider complete, sign and date this form prior to commencement of any program/service.
- Sign your declarations.
- Submit your receipt(s) and this form to us.

### Your payment I would like my claim payment to be paid:

<input type="checkbox"/> Into my bank account already registered with TUH	Name of account holder :	<input type="text"/>
<input type="checkbox"/> Into my bank account: (details adjacent)	BSB :	<input type="text"/> - <input type="text"/>
<input type="checkbox"/> By cheque	Account number :	<input type="text"/>

### Recognised health provider declaration:

<input type="checkbox"/> GP	<input type="checkbox"/> Dietician	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Medical specialist	<input type="checkbox"/> Occupational therapist
<input type="checkbox"/> Exercise physiologist	<input type="checkbox"/> Pharmacist (medical bracelets only)	<input type="checkbox"/> Registered nurse/midwife			

Name of health provider:	Provider number:
<input type="text"/>	<input type="text"/>

Please indicate the patient's **medical condition** that this exercise regime is addressing:

Please indicate the **exercise/ health management program** you are recommending to treat the patient's specific chronic health or medical condition:

I declare that the information I have provided is true and correct.

Provider signature:	<input type="text"/>	Date:	<input type="text"/>
---------------------	----------------------	-------	----------------------

### Acknowledgement and declarations:

1. I declare that I am undertaking the health management program for treatment of a chronic disease.
2. I authorise TUH to use my personal information in accordance with TUH's Privacy Policy.
3. I authorise any medical practitioner or provider to supply information to enable the claim to be assessed.
4. I certify that all information on this claim form is true and correct.
5. This claim is not part of a Work Cover claim and the costs in this claim is not covered via third party insurance or damages.

Signature:	<input type="text"/>	Date:	<input type="text"/>
------------	----------------------	-------	----------------------

## How to claim your health & wellness benefit

Please refer to the table below as a guide for the documents required when claiming your Health and Wellness benefits. Also note benefits are only payable if not claimable through Medicare.

Health and Wellness benefit category	Documents required
<b>Weight loss and fitness</b>	
Gym membership	Health Management Program Approval Form and accounts/receipts
Weight management	Health Management Program Approval Form and accounts/receipts
NIDDM resistance training	Health Management Program Approval Form and accounts/receipts
Exercise classes	Health Management Program Approval Form and accounts/receipts
Personal health coaching	Health Management Program Approval Form and accounts/receipts
Swimming program	Health Management Program Approval Form and accounts/receipts
<b>Wellbeing</b>	
Stress management	Health Management Program Approval Form and accounts/receipts
Medical bracelets	Health Management Program Approval Form and accounts/receipts
Yoga	Health Management Program Approval Form and accounts/receipts
Quit smoking programs	Accounts/receipts only
Nicotine replacement products	Accounts/receipts only
Health education classes	Accounts/receipts only
Illness related association memberships	Accounts/receipts only
Lithotripsy	Accounts/receipts only
<b>Health screenings</b>	
Mammogram	Accounts/receipts only
Pap smear - thin prep	Accounts/receipts only
Ambulatory blood pressure monitoring	Accounts/receipts only
Health screenings e.g. bone density, coronary CT, and MRI	Accounts/receipts only
Health checks - heart health checks and medical tests prior to fitness training programs	Accounts/receipts only
<b>Other</b>	
Childbirth education classes	Accounts/receipts only

### Health Management Program Approval Form

- Due to Federal Government legislation, we require this form for the benefits outlined above.
- Have your health provider complete, sign and date this form, prior to commencing a program/service.
- This form is valid for 12 months from the provider's signed date.

### Accounts/receipts

- Accounts or receipts should be on the provider's official account or letterhead. All accounts must be itemised and show the name and practice address of the person providing the service. The account must also state the name of the person receiving the service, a description of the service, the date the service was provided and the cost of the service.
- Cash register docket, copies of credit card receipts or bank statements are not acceptable documents for making claims. You should ask the provider to provide you with an itemised receipt as outlined above. Providers are accustomed to doing this and are happy to do so if requested. You will often find it is necessary to request this type of receipt when you are making purchases from chemists.

### General information

- There are no limitations on the number of services/programs you can claim within each benefit category up to your annual limit.
- Limits apply per calendar year (1st January to 31st December).
- There is a two-month waiting period before Health and Wellness benefits can be claimed.

### Medical bracelets

- A pharmacist may sign the Health Management Program Approval Form or provide a pharmacist letter to state who the bracelet is for and for what medical reason it is required.

### Benefits will not be paid

- If Health Management Program Approval Form is not supplied or is incomplete (for services which require the form).
- For first aid kits.
- For food, supplements, vitamins, books, videos, CD/DVDs, online programs.
- For heart rate monitoring.
- If the benefit is claimable through Medicare.