

Health Management Program Approval Form



- If your cover includes Health and Wellness benefits, you can claim towards the cost of health management programs
- Due to Federal Government legislation, an identified chronic condition or multiple risk factors for a chronic condition must be noted by your health provider on this form.
- To ensure TUH meets these legislative requirements, these benefits may only be approved if they have been recommended by your treating medical practitioner and are not claimable from Medicare.
- 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

Member name

Membership number

1. Your payment

I would like my claim payment to be paid:

into the bank account already registered with TUH

into my new bank account

Account holder name/s

Account number

BSB number

2. Health provider declaration

Name of health provider

Provider number

General practitioner

Dietician

Physiotherapist

Psychologist

Medical specialist

Registered nurse/midwife

Exercise physiologist

Occupational therapist

Pharmacist (medical bracelets only)

The patient's chronic health condition that this exercise/health management program is addressing:

BMI (if APL)

The exercise/health management program you are recommending to treat the patient's specific chronic health condition:

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

Provider signature

Date (dd/mm/yy)

3. Member acknowledgement and declaration

- I declare that I am undertaking the health management program for treatment of a chronic disease.
- I authorise TUH to use my personal information in accordance with TUH's [Privacy Policy](#).
- I authorise any medical practitioner or provider to supply information to enable the claim to be assessed.
- I certify that all information on this claim form is true and correct.
- 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

Date (dd/mm/yy)

How to claim your Health & Wellness benefit

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

Health Management Program Approval Form AND accounts/receipts:

Weight loss and fitness

- Gym membership
- Weight loss/obesity programs
- NIDDM resistance training
- Exercise classes
- Personal health coaching
- Swimming program

Accounts/receipts only:

Health screenings

- Mammogram
- Pap smear - thin prep
- Ambulatory blood pressure monitoring
- Health screenings, e.g. bone density, coronary CT, and MRI
- Health checks, e.g. heart health checks and medical tests prior to fitness training programs

Wellbeing

- Stress management
- Medical bracelets
- Yoga
- MedicAlert subscription

Wellbeing

- Quit smoking programs
- Nicotine replacement products
- Health education classes
- Illness-related association memberships
- Lithotripsy

Other

- Childbirth education classes

Terms and conditions

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.
- The [DOHA guidelines](#) for overweight and obesity are used for assessment of claims.

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.
- Health screenings must be prescribed/conducted by a registered medical practitioner.

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.
- For heart rate monitoring.
- If the benefit is claimable through Medicare or PBS.

Returning this form

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