

Health management program authorisation

Under CBHS Wellness Benefits on eligible Extras products, members can claim towards an eligible health management program. The benefit is available to members if the health management program is **designed to improve or reduce a specific health or medical condition**.

Please submit this form along with your claim and relevant receipts for the health management program.

Section 1: Details of claimant

CBHS member no. Mr Mrs Miss Ms Dr

Claimant's surname Date of birth / /

Claimant's given names

Section 2: To be completed by your medical practitioner or a CBHS Recognised Provider (e.g. GP, specialist, physiotherapist or allied health service provider)

Practitioner's or recognised provider's name Provider number

Phone number () Postcode

Please enter the patient's medical condition

Please indicate the health management regime you are recommending to improve the patient's medical condition.

Gym membership Personal trainer Pilates Yoga

Please indicate the length of time you are recommending for this course of treatment _____ months.
This form will remain current for two years from the date it is signed by the practitioner or recognised provider and a new Health Management Program Authorisation form will then be required.

Declaration (to be completed by the practitioner or recognised provider)

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

Practitioner's signature and practice stamp

Date signed

X

/ /

Section 3 - Additional Information

Is this claim a result of an accident or trauma? Yes No

If 'Yes' please give the date / /

Is the claimant entitled to any form of compensation, damages or payment as a result of this accident or trauma?

Yes No If 'Yes' please provide brief details

Your GP's name

Declaration of Authority, I declare that:

- the documents attached, supporting this claim, are for services rendered to myself or a dependant listed on my membership, and
- the information I have provided is true, complete and correct, and
- the claim is received as part of a health management program intended to improve or reduce a specific health condition(s)

I authorise CBHS Health Fund Limited to contact the provider of any service claimed and obtain any information relating to the claim

Signature of member

X

Privacy

How CBHS collects, uses and secures your personal information is described in the CBHS Privacy Policy at cbhs.com.au/privacy-policy or by calling 1300 654 123. CBHS' Privacy Policy is available at cbhs.com.au or by calling **1300 654 123**