

# HEALTH MANAGEMENT PROGRAM APPROVAL FORM

- If your cover includes Health Management benefits, you can claim towards the cost of health management programs
- These benefits may only be approved if they have been recommended by your treating health provider 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 Union Health

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

Medical specialist

Exercise physiologist

Occupational therapist

The specific medical condition/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 medical condition/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 medical condition/chronic disease.
- I authorise Union Health to use my personal information in accordance with Union Health'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 Management benefits. Please note benefits are only payable if not claimable through Medicare.

## Health Management Program Approval Form AND accounts/receipts:

### Healthy lifestyle programs

- 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

#### Antenatal/postnatal classes

- Childbirth education classes

#### Health management programs

- Nicotine replacement products
- Health education classes
- Medical alert bracelets/subscriptions
- Illness-related association memberships
- Lithotripsy

## Terms and conditions

### Health Management Program Approval Form

- 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 Management benefits can be claimed.
- Health screenings must be prescribed/conducted by a registered medical practitioner.


### 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

 Email  
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 Post  
Reply Paid 265  
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