

# Health Management Programs benefit approval

This form must be completed by your Doctor, Dietitian, Nutritionist, Exercise Physiologist, Physiotherapist, Osteopath, Chiropractor, Occupational Therapist, Psychologist, Diabetes Educator or Aboriginal Health Worker stating what condition the exercise classes or program are intended to manage.

**Use this form to:** Claim your Health Management program benefit

## 1 YOUR DETAILS (PLEASE USE BLACK PEN AND PRINT IN UPPERCASE)

Policy number:  Date of birth:  /  /

Title:  Surname:

Given names:

## 2 PRACTITIONER DETAILS

Practitioner name:

Practitioner number:

Practitioner speciality:

Address:

Suburb:

State:  Postcode:

## 3 HEALTH CONDITION DETAILS

What condition is the program aimed to manage?

The policy holder has had this condition since:

/  /

What program has been recommended to treat the condition? *See overleaf for note about*

How long should the activity be undertaken? *This form lasts for a maximum of one calendar year and will need to be renewed after that time.*

3 months  6 months  12 months  Other, please specify:

**Please note:** Benefits can only be paid for classes or programs that have a start date after the date your condition was identified. We do not cover goods or services that are primarily for recreation such as sports club/gym memberships or personal training sessions, pilates (unless conducted by a Pilates accredited physiotherapist, then no form is required), yoga, weight loss classes, hypnotherapy.

#### 4 DECLARATION BY HEALTH PRACTITIONER

I declare that the benefit sought by the policy holder 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.

Practitioner's signature:

Practitioner's name:

Date:

#### 5 IMPORTANT INFORMATION ABOUT CLAIMING HEALTH MANAGEMENT PROGRAM BENEFITS

Private Health Insurers in Australia are only allowed to pay benefits for health improvements when the programs or classes are to manage a condition that has been identified before you start the programs or classes.

The programs or classes must form part of a health management plan recommended by your GP or other recognised health practitioner listed at the top of this form.

Programs or classes that you undertake must hold an Australian Business Number and specialise in the recommended program.

#### Once you have completed this form:

Your completed claim form and Health Management Program Benefit approval form along with the invoice can be e-mailed, mailed or faxed.



Mail to CUA Health Limited  
GPO Box 100, Brisbane QLD 4001



e-mailed to  
[cuahealth@cua.com.au](mailto:cuahealth@cua.com.au)



Fax to  
1300 797 066