

Health Support Benefits Approval Form

Important Information

Health support benefits can be paid for certain services recommended by a health practitioner intended to manage an existing health condition.

A health practitioner for the purposes of this form means a Medical Practitioner/General Practitioner, Physiotherapist, Dietician, Occupational Therapist, Exercise Physiologist, Psychologist, Chiropractor or Osteopath.

This form is valid for a maximum of two (2) years from the referral date and will need to be renewed after that time.

Health support benefits are only on some Extras covers. Check your cover summary to see what's included on your cover.

Referral Date: _____

Section 1. Patient Information

Membership Number: _____

Title: _____ First Name: _____ Surname: _____

Date of Birth: ____ / ____ / ____

Section 2. Health Practitioner Details

This section should be completed by your referring health practitioner.

Name: _____ Provider Number: _____

Speciality: _____

Address: _____ Suburb/City: _____ State: _____ Postcode: _____

Section 3. Claim Information

This section should be completed by your referring health practitioner.

What is the Patient claiming health support benefits for?

Please note: The referring health practitioner must not be the one providing the recommended services.

☐ HSQS Quit smoking course Name of course: _____

☐ HSECL Exercise class* Type of exercise class: _____

☐ HSGM Gym membership

☐ HSPTS Personal training session

☐ HSWLC Weight management class (individual) Name of weight management class: _____

☐ HSWLR Weight management course Name of weight management course: _____

* From 1 April 2019, members cannot claim health support benefits for pilates, yoga or tai chi exercise classes to ensure compliance with government legislation.

What diagnosed medical condition(s) are the health support benefits intended to manage?

- | | | |
|---|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Unhealthy Body Mass Index (BMI) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Chronic obstructive pulmonary disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Musculoskeletal disorder (e.g. back pain/osteoporosis) |
| <input type="checkbox"/> Smoking-related conditions | <input type="checkbox"/> Other _____ | (please specify) |

The member has had this condition since: ____ / ____ / ____ (insert date)

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Section 4. Declaration by health practitioner

I declare that the benefit sought by the member is intended to manage an existing health condition(s) that I have identified and that all the information contained in this form is true and correct.

Health
practitioner's
signature

Date

___ / ___ / ___

Checklist

- ☐ Complete this health support benefits approval form with the assistance of your health practitioner.
- ☐ Complete a Medibank claim form and submit it to Medibank along with this completed health support benefits approval form and all required receipts. The Medibank claim form can be downloaded from **medibank.com.au/forms**

Your health support benefits approval form is valid for a maximum of two (2) years from the referral date and will need to be renewed after that time.

Please note, for subsequent claims once we have received and accepted your health support benefits approval form you will only need to submit a Medibank claim form and your receipts for the approved service.

Also, for subsequent claims, if you want to claim for a health support benefit service that wasn't recommended by the health practitioner on previous forms, you will need to ask your health practitioner to complete a new health support benefits approval form for the new recommended service.

Lodging a claim

1. On the spot claiming for some extras services are available at participating providers.
2. Online – Visit **medibank.com.au/login**
3. By Mail – Send the completed forms to:

**Medibank
Medical & Extras Claims
Reply Paid 2984
GPO BOX 2984
MELBOURNE VIC 3001**

4. In person at a Medibank store.

We're here to help

Call us on **132 331** or visit one of our Medibank stores for help with completing this form or for any general enquiries.

Privacy Statement

We collect and use your personal and sensitive Information to enable us, other Medibank Group Companies and our third party suppliers and partners to provide you with products and services, including insurance, health related services and partner offerings and to give you information on other products and services. If we do not collect this information, we may not be able to provide you with these services.

We may collect your information from you, another person on your membership, a person authorised to provide us this information on your behalf, another Medibank Group company or a third party. Where you give us personal information about others, you must ensure that you let them know what information you are giving us and that you have their consent to do so. You should also let them know about this Statement. We may disclose your personal information to persons or organisations in Australia or overseas including other Medibank Group Companies, our service providers and professional advisers, health service providers, our suppliers and partners, government agencies, financial institutions, your employer (if you have a corporate product) and your educational institution, migration agent or broker (if you have OSHC or a visitors cover). We may also disclose your information to other persons covered under your policy or your agents and advisers. We may disclose your personal information overseas to other Medibank Group Companies or third parties who provide services to us including in India, the United States and New Zealand. We or another Medibank Group Company may contact you to market products and services and to keep you informed of special offers from Medibank Group Companies and third parties, including by direct mail, SMS and MMS messages, by phone and email. You can choose how we communicate with you and manage your consents to receiving promotions and offers by calling us on **132 331**, visiting one of our stores, or accessing the Manage My Preferences page within the Online Member Services facility.

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