

Gym and Fitness Therapy Approval Form

HealthPartners

Use this form to confirm your eligibility to claim gym or fitness therapy benefits. We will write to you within 7 days of submitting this form. To avoid any delays, please ensure all sections are completed.

Complete this form if you answer 'yes' to the following:

- Gym and fitness therapy is included in my level of extras cover (refer to the individual cover details for your policy, available when you log in to Members Online at healthpartners.com.au).
- I have served my waiting period or my waiting period will be over by the time the gym and fitness therapy services will start.
- The gym and fitness therapy service is supported by my health practitioner (this may be your doctor, physiotherapist, exercise physiologist, chiropractor or osteopath).

If you are unsure or answer 'no' to any of the above questions, please contact our Member Care team on 1300 113 113.

Why do I have to complete this form?

This form will help us confirm your benefit eligibility. There are a lot of rules around what health funds can and cannot pay when it comes to lifestyle benefits. We can only pay benefits where the program is designed to relieve a specific health condition or conditions. We cannot pay a benefit for general fitness and wellbeing. Under government legislation, health funds are also unable to pay towards Pilates, Yoga and Tai Chi.

When should I submit this form?

You can submit this form prior to claiming or together with your claim once services have commenced. An approved application is valid for 2 years

What do I need to supply when submitting a claim for gym and fitness benefits?

An itemised receipt or account must include the following details:

- The provider's name and provider number;
- The full name of the person who received the treatment/service/product;
- Dates of services (for each completed service/class/session);
- Item codes/details for all the items being claimed (if applicable);
- Address of practice/provider;
- Australian Business Number (ABN).

How do I claim this benefit?

- Step 1** Complete the other side of this form with your health practitioner.
- Step 2** Choose your recognised gym and fitness therapy program provider.
- Step 3** Send this completed form with your claim ensuring that you attach all itemised receipts or accounts.
There are four easy ways you can make a claim:



My Health App



Online



Post



Email

Visit healthpartners.com.au/members/claiming for more information.

Please note that if you are attending classes and/or sessions, benefits will not apply until after these services have been attended.

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Health Partners

Section 1: To be completed by the member

Member number

Name (first name)

(surname)

Date of birth

/ /

Member declaration

I have read and understood the details on page 1 of this form.

I am aware that after the validation period stated on this referral, I am required to provide Health Partners with a new Gym and Fitness Therapy Approval form should I wish to claim further benefits.

In respect to the services provided, I acknowledge that the itemised receipt or account for the gym or fitness therapy program must state the following:

- The provider's name and provider number
- The full name of the person who received the treatment/service/product
- Dates of services (for each completed service/class/session)
- Item codes/details for all the items being claimed (if applicable)
- Address of practice/provider
- Australian Business Number (ABN)

Signature

Date

/ /

Please note: If you are completing this form electronically, your typed name in the Declaration stands as your signature.

Section 2: To be completed by the referring health practitioner (this may be a GP, specialist, physiotherapist, exercise physiologist, chiropractor or osteopath)

Referring provider name

Referring provider speciality

Provider number

Address

Postcode

Phone

Recommended validation period for referral (if differs to 2 years)

Details of the recommended program

Program referred ☐ Gym ☐ Personal Training ☐ Aqua-based ☐ Community Health Program

Please indicate the medical condition that the Health Program is intended to manage or improve:

- ☐ Diabetes ☐ Weight Management ☐ Osteoporosis ☐ Arthritis ☐ Rehabilitation ☐ Asthma ☐ Back pain
- ☐ Orthopaedic (musculoskeletal) conditions ☐ Cardiac related risk factors (eg high blood pressure, raised cholesterol)

For any conditions that are unable to be described by the above categories, please supply further documentation confirming the condition.

Referring health practitioner declaration

- I certify that I have recommended a program that is part of a health management program for the patient listed above and all the information on this form is true and correct.
- I confirm that this recommendation is valid for a period of 2 years.
- I declare that I have disclosed any financial interest in referring to a specific business or treatment.

Signature

Date

/ /

Please note: If you are completing this form electronically, your typed name in the Declaration stands as your signature.