

# 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)

## 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 <div style="border: 1px solid #ccc; padding: 5px; text-align: center;">           ___ / ___ / ___         </div>
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### 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](http://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](http://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

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