Health Management
Declaration Form

HealthPartners

We're here to bring your picture of good health to life. To claim medically necessary gym and fitness benefits under your Extras cover, please complete the below information with your health practitioner and return to us.

Follow these steps to complete your claim:

1. Check that you have an appropriate level of Extras cover that includes medically necessary gym and fitness benefits. You can find this information on your individual cover details (ICD) on our website, app, or portal.
2. Get this form signed by your health practitioner. This can be a medical practitioner (e.g. your GP or Specialist Doctor), Physiotherapist, Exercise Physiologist, Chiropractor, or Osteopath.
3. Check your gym and fitness provider is recognised. They must be accredited with AUSactive. If you're unsure, you can call us on 1300 113 113 to check.
4. Make a payment to the gym and fitness provider and make sure to get a copy of your itemised receipt.
5. Submit your claim via the Health Partners app or portal with any relevant documents (including this form and an itemised receipt).

Frequently Asked Questions

Why does a health practitioner need to complete this form?

Under the Private Health Insurance Act 2007, general treatment benefits (i.e. Extras cover) can only be paid if the treatment is to manage or prevent a disease, injury or condition. We use this form to confirm that any benefits we pay for this type of claim comply with the Act.

What types of health practitioners can complete the form?

This form needs to be completed by a health practitioner that's registered or licensed under Australian law. This can be a medical practitioner (e.g. your GP or Specialist Doctor), Physiotherapist, Exercise Physiologist, Chiropractor, or Osteopath.

What providers can I access?

The provider must be accredited with AUSactive. AUSactive is an Australian register of active health professionals. Ask your preferred provider if they're registered with AUSactive or contact us on 1300 113 113 to check.

What do I need to submit with my claim?

When you claim, along with this form, you'll also need to supply us with an itemised receipt or account from your program provider. Your itemised receipt must include the following details for us to pay out a claim:

- The name of the provider, their address, and ABN
- The full name of the member completing the program
- Dates of service
- Details about the service or program being claimed.

How long does the declaration last for?

Depending on how long your health practioner prescribes the program for, this declaration lasts for up to 2 years. After this time, you'll need to complete a new form to submit a claim for medically necessary gym and fitness benefits.

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This section is to be completed by you.

Member number

Name *(first)* *(surname)*

Date of birth / /

Member declaration

I declare I am undertaking a health management program to treat a medical condition.

Signature Date / /

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

Your health practitioner's declaration

(this section is to be completed by your health practitioner recommending the Health Management program)

Name Provider number *(e.g. Medicare provider number if applicable)*

Your speciality:

☐ Medical Practitioner ☐ Physiotherapist ☐ Exercise Physiologist ☐ Chiropractor ☐ Osteopath

Address

Phone

Please indicate what diagnosed health condition the health management program is intended to prevent, manage or improve:

☐ Arthritis ☐ Asthma ☐ Cardiac Condition ☐ Cardiac Risk Factor/s *(high blood pressure, high cholesterol)*

☐ Diabetes ☐ Musculoskeletal condition ☐ Obesity ☐ Other *(must be a diagnosed health condition):*

Please describe the health management program you are recommending to improve the patient's condition:

(e.g. exercise classes at a gym, personal training, aqua-based programs or community health program)

How long is this program prescribed for?

☐ 3 months ☐ 6 months ☐ 1 year ☐ 2 years

(Note: this declaration is valid for a maximum of 2 years)

Health practitioner declaration

- The recommended directive to undertake exercise is part of either a health management program or a chronic disease management program for the diagnosed medical condition listed above and all the information on this form is true and correct
- 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.