

Health Management Program Approval Form



The Doctors' Health Fund Pty Ltd

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an Avant company

1. Claimant's details

Membership number Given Names
Surname Is this the result of an accident? Yes No

2. To be completed by your Medical Practitioner

Medicare Provider number Medical Practitioner's Name
Medical Practitioner's Practice Address

Health condition

What condition is the program intended to manage?

- Arthritis Asthma Body Mass Index over 26 Addiction
 Diabetes High blood pressure Muscular skeletal disorder Rehabilitation
 Other condition - please detail (must be a diagnosed condition):

The member has had this condition since:

Prescribed program

Which program do you prescribe to manage the member's condition?

- Exercise Physiology Quit Smoking Acupuncture Weight Loss classes
 Exercise classes conducted at a gym or by a personal trainer Class Physiotherapy

How long is this program prescribed for? (Note: this form lasts for a maximum of one year and will need to be renewed after that time)

3 months 6 months 12 months Other (please specify)

What is the intended outcome of prescribing this program to manage this member's condition?

Declaration by medical practitioner

I declare the program prescribed is intended to manage this member's specific health condition that I have identified and that all the information contained in section two of this form is true and correct.

Medical practitioner's signature Date

3. Declaration by Member

I declare; all information provided in support of this claim is true and complete, all patients' personal information has been disclosed with their consent, and all patients are aware of the Doctors' Health Fund Privacy Policy. I authorise, and have the consent of the patient to authorise, Doctors' Health Fund to contact provider(s) and to access any information, including health information, needed to process this claim. I acknowledge that this claim is subject to Doctors' Health Fund's Fund Rules and will comply with any reasonable requests made under those rules.

Signature Date