



CBHS Corporate Health Pty Ltd
ABN 85 609 980 896

Health Management Program Authorisation

Send this form along with your claim form
and relevant receipts to:
Post: Locked Bag 5098
Parramatta, NSW, 2124
Email: wellness@cbhscorp.com.au

Under CBHS Corporate Health Wellness Benefits, members can claim towards a health management program. The benefit is available to members if the health management program **is designed to improve or reduce a specific health or medical condition.**

Please submit this form along with your completed claim form and relevant receipts for the health management program.

Section 1 - Details of claimant

CBHS Corporate Health Membership No _____ Date of Birth _____
Claimant First Name _____ Claimant Surname _____

Section 2 - To be completed by your health practitioner. (GP, Specialist, Physiotherapist or Allied Health service providers)

Practitioners Name _____ Provider Number _____
Phone number (incl. area code) _____ Postcode _____

Please indicate the patient's medical condition

Please indicate the health management regime you are recommending to improve the patient's medical condition.

This regime will require: Gym membership Personal trainer Pilates Yoga

Please indicate the length of time you are recommending for this course of treatment _____ months.

Declaration (to be completed by the practitioner)

I declare that the information I have provided is true and correct.

Practitioners signature and practice stamp.

Date _____

Section 3 – Additional information

Is this claim a result of an accident or trauma: Yes No If 'Yes', please give the date of the event _____

Is the claimant entitled to any form of compensation, damages or payment as a result of this accident or trauma? Yes No

If 'Yes', please provide brief details _____

Your GP's Name _____

Declaration of Authority, I declare that:

- the documents attached, supporting this claim, are for services rendered to myself or a dependant listed on my membership, and
- the information I have provided is true, complete and correct, and
- the claim is received as part of a health management program intended to improve or reduce a specific health condition(s).

I authorise CBHS Corporate Health Pty Ltd to contact the provider of any service claimed and obtain any information relating to the claim. Signature of Member (or Authorised Partner)

Date _____

Privacy

How CBHS Corporate Health collects, uses and secures your personal information is described in the CBHS Corporate Health Privacy Policy. CBHS' Privacy Policy is available at www.CBHSCorporateHealth.com.au or by calling **1300 586 462**