

APPROVAL FORM - HEALTH MANAGEMENT PROGRAM

Under certain Medibank Private health covers, benefits may be payable by Medibank Private towards the cost of Health Management Programs. To be eligible a Health Management Program must be one that is approved by Medibank Private and that is intended to prevent or ameliorate a specific health condition or conditions.

To assist us in determining if a benefit is payable in this case, we require all the information set out below. This form must be completed by a person who is a recognised Medibank Private provider and submitted with your claim. If you require further information, please contact our Customer Care Line on 132 331.

Please return this Form to: Medibank Private, Verification Team, Level 7, 720 Bourke Street, Docklands VIC 3008.

Patient Details

Name: _____

Date of Birth: _____

Medibank Private Membership Number: _____

Address: _____

Provider Details

Name: _____

Provider Speciality: _____

Medibank Private Provider Number: _____

Address: _____

Treatment Details

Health condition(s) being treated or prevented: _____

Type of Health Management Program recommended (eg gym attendance, swimming, etc): **12 week weight loss program (Christine Cronau Nutrition)**

Membership of Medibank Private, including entitlement to and payment of benefits, is subject to Medibank Private's Fund Rules. The Fund Rules are subject to change from time to time. Personal information is handled in accordance with Medibank Private's Privacy Policy. Our Fund Rules and our Privacy Policy are available for your reference on our website at medibank.com.au or at any of our Retail Centres.

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For Better Health

Recommended frequency of attendance: Weekly

Period covered by this referral (NB maximum of 12 months):

From:

To:

I confirm that this patient is under my care. As part of their treatment I have recommended the Health Management Program detailed above. I declare that all the information I have provided on this form is true and correct. I understand that Medibank Private reserves the right to recover any benefits paid (including costs associated with such payments) as a result of incorrect or misleading information.

Provider's Signature:

Date:

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