

Healthy Lifestyle Program Supporting Documentation



Updated April 2016
Refer to important information on page 2.

SECTION 1 – details of claimant

THF Membership Number Date of Birth / /

Claimant First Name

Claimant Surname

Is this claim the 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 the accident or event Yes No

If yes, please provide brief details

SECTION 2 – to be completed by your health practitioner

(e.g. GP, Medical Specialist, Physiotherapist, Chiropractor, Occupational Therapist.)

Please note that this form cannot be completed by the provider of the program.

Practitioner Name Provider Number

Phone number (including area code) Postcode

Please indicate the patient's medical condition

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

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

DECLARATION (to be completed by your health practitioner)

I declare that the recommended health management regime for the above mentioned patient under my care is intended to ameliorate a specific health condition and all the information I have provided is true and correct.

Practitioner's signature and practice stamp

Signature

Practice Stamp

Date / /

Section 3 – Declaration (to be completed by the policy holder or authorised partner)

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 ameliorate a specific health condition, and
- I understand that extras benefits cannot be claimed from Teachers Health Fund that have been or will be claimed from Medicare (unless permitted by law), and
- I authorise Teachers Health Fund to contact any medical practitioner or provider to supply information to enable this claim to be assessed, and
- I acknowledge that a benefit may not be payable or may be reduced if applicable waiting periods have not been served, annual limits have been reached, the Healthy Lifestyle Program Supporting Documentation Form is more than 12 months old, or the services claimed are not payable under the Teachers Health Fund Rules.

Signature of Member (or authorised partner)

Date / /

Important Information – please read

Am I eligible to claim a Healthy Lifestyle Benefit?

The Healthy Lifestyle Benefit is available under all Teachers Health Fund Extras products, providing practical support to help you reach your health-related goals by covering some of the costs of approved health-related programs. Visit teachershealth.com.au or contact the Fund on 1300 728 188 for a list of approved programs and to find out your calendar year limit for this benefit.

What is the waiting period for the Healthy Lifestyle Benefit?

A six month waiting period applies to this benefit.

Why do I have to complete this form?

To ensure that Teachers Health Fund complies with the Government's legislative requirements, these benefits can only be paid where the program has been recommended by your treating medical practitioner or Allied Health provider to ameliorate a specific health condition.

How often do I need to complete this form?

To continue claiming this benefit you must submit a new Healthy Lifestyle Program Supporting Documentation Form every 12 months.

Can I claim for the cost of getting this form completed?

Costs incurred for the completion of this form by your treating medical practitioner or Allied Health provider are not covered by Teachers Health Fund.

How do I claim this benefit?

Step 1 – Complete this form in conjunction with your treating medical practitioner or Allied Health provider.

Step 2 – Choose your approved program provider.

Step 3 – Submit your claim ensuring that all declarations are signed and that the original accounts or receipts are attached. Leaving a section blank or without the required signature may delay the processing of your claim.

Claims can be mailed to: Teachers Health Fund
GPO Box 9812
Sydney NSW 2001

What documentation do I need to include with my claim?

Healthy Lifestyle Benefit Category	Documents Required
Weight Management	Supporting Documentation Form + account/receipt
Health / Preventative Screening	Account/Receipt only
Disease Management Subscriptions	Account/Receipt only
Gym Membership	Supporting Documentation Form + account/receipt
Pilates	Supporting Documentation Form + account/receipt
Yoga	Supporting Documentation Form + account/receipt
Training	Supporting Documentation Form + account/receipt

For a list of approved programs under each of these categories please visit teachershealth.com.au or call 1300 728 188.

Where benefits are not payable:

- First aid courses or kits
- Food supplements, vitamins, books, videos/dvds
- Exercise equipment e.g. treadmills, fitballs.
- Where benefit can be obtained through Medicare

Accounts or Receipts

- Accounts or receipts should be on the provider's official letterhead or be stamped with the provider's stamp. All accounts must be itemised showing the following information:
 - Name of the provider
 - Address of the provider – where the service took place
 - Name of the person receiving the service
 - Description of the service
 - Date the service was provided
 - Cost of the service
 - Whether the service has been paid for
- Cash register dockets, copies of bank statements or credit card receipts are not accepted documents for making claims. You should ask the provider to provide you with a receipt as outlined above.

Teachers Health Fund respects your privacy and is committed to managing and protecting your personal and health-related information in accordance with relevant legislation in Australia. If you would like to find out more about Teachers Health Fund's privacy policy, visit teachershealth.com.au/privacy.

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