

HEALTHY LIFESTYLE PROGRAM FORM



Updated December 2023

WHAT IS THE HEALTHY LIFESTYLE BENEFIT?

The *Healthy Lifestyle* benefit enables members to access programs and services that may help with managing health conditions. It's available to members on any level of UniHealth Extras cover who have served the 6 month waiting period. For more information, visit unihealthinsurance.com.au/healthy-lifestyle

WHEN TO USE THIS FORM

Please complete and submit this form to claim towards the cost of:

- **Weight management programs** – including CSIRO Total Wellbeing Diet, Weight Watchers and Michelle Bridges 12 Week Body Transformation. For more information on eligible programs, see unihealthinsurance.com.au/weight-management
- **Gym membership** – including F45, Crossfit, personal training and bootcamps at a gym (excludes activities at sports, recreation or entertainment venues). You can also claim for pool entry fees/aquarobics and online fitness programs including TIFFXO, 28 by Sam Woods and PD Warrior. Find out more via unihealthinsurance.com.au/healthy-lifestyle
- **Healthy Eating Activity and Lifestyle (HEAL) program** – for more on this, see unihealthinsurance.com.au/healthy-lifestyle.

The form *isn't* required for **health screening** or **disease management subscription** claims – receipts are all you need for those.

WHY THIS FORM IS REQUIRED

We can only pay *Healthy Lifestyle* claims for the programs listed above if a medical practitioner or allied health provider confirms they're recommending it to prevent or improve a specific health or medical condition. Their completing and signing part B of this form enables us to comply with the relevant legislation.

Healthy Lifestyle forms are valid for 2 years from the date your medical practitioner or allied health provider signs this form. After that, we'll need a new form (if you want to keep claiming).

ELIGIBLE PRACTITIONERS

Examples of health professionals who can refer you for a program include GPs, specialist doctors, physiotherapists and occupational therapists.

You have two years to claim the *Healthy Lifestyle* benefit from the date they sign this form, so you could ask them to do so during a scheduled appointment, rather than paying for an extra one.

Please ensure your practitioner either signs this form or supplies a letter confirming their referral – not doing so will delay your claim.

HOW TO CLAIM

- 1. Complete this form** – your referring practitioner fills out part B; you do the rest. Please ensure all sections are completed and signed.
- 2. Choose an approved program provider** – for more information visit unihealthinsurance.com.au/healthy-lifestyle or contact us to ask about a specific program.
- 3. Check your receipts are valid** – to find out which details must be included, see *Receipts* (below).
- 4. Submit your completed form and receipts via:**
 - App: unihealthinsurance.com.au/app
 - Email: submitclaim@unihealthinsurance.com.au
 - Post: **GPO Box 9812, Sydney NSW**

RECEIPTS

Please ensure all receipts are itemised with:

- **Provider name**
- **Provider's ABN**
- **Name** of the person claiming/accessing the service.

And the following details about the service:

- **Description**
- **Date**
- **Cost**
- **Payment** (whether the bill has been paid).

We don't need original receipts – good copies are fine, although we can't accept handwritten provider details or alterations to the costs.

THINGS YOU CAN'T CLAIM FOR

Items that aren't covered under this benefit include:

- Services/items you can claim for via Medicare
- First aid courses or kits
- Food supplements or vitamins
- Meals
- Books or DVDs
- Exercise equipment (e.g. treadmills, fitballs)
- Swimming lessons
- Pilates or Yoga classes
- Non-Australian programs
- Non-listed sports activities.

A. DETAILS OF CLAIMANT

Member number

Date of birth / /

First name

Surname

Is there any entitlement for Workers Compensation, Third Party Insurance or other damages? Yes No

If yes, please complete and submit an Accident and Injury form. See unihealthinsurance.com.au/forms

B. TO BE COMPLETED BY HEALTH PRACTITIONER

(e.g. GP, medical specialist, physiotherapist, chiropractor, occupational therapist)

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 prevent or improve the patient's medical condition.

If applicable, please indicate previous years to which this recommendation applies

Declaration (to be completed by your health practitioner)

I declare that the health management regime for the above-mentioned patient under my care is required to prevent or improve a specific health condition and all the information I have provided is true and correct.

Signature

Date / /

C. TO BE COMPLETED BY CLAIMANT

I declare that:

- The documents attached, supporting this claim, are for services I (or a dependant listed on my membership) have received
- The information I have provided is true, complete and correct
- The claim is received as part of a health management program intended to prevent or improve a specific health condition
- I understand that I can't claim Extras benefits for services that have been or will be claimed from another source (Medicare or other government assistance programs)
- I authorise UniHealth to contact any medical practitioner or provider to supply information to enable this claim to be assessed
- I acknowledge that a benefit may not be payable or may be reduced if I don't have an appropriate level of cover, haven't served applicable waiting periods, annual or other limits have been reached, the *Healthy Lifestyle* form is more than 24 months old, or the services claimed are not payable under the UniHealth Fund Rules.

Signature

Date / /

WHAT NEXT? Submit completed form and receipts via **app**, email: submitclaim@unihealthinsurance.com.au or post: **GPO Box 9812, Sydney NSW 2001**

Privacy Policy: UniHealth 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 UniHealth's privacy policy, visit unihealthinsurance.com.au/privacy. Teachers Federation Health Ltd ABN 86 097 030 414 trading as UniHealth. A Registered Private Health Insurer.