

HEALTHY LIFESTYLE PROGRAM FORM

UPDATED AUGUST 2021

CHECKLIST

- Choose your approved program provider
- Complete this form in conjunction with your treating medical practitioner or allied health provider
- Submit your claim ensuring that all declarations are signed
- Leaving a section blank or without the required information may delay the processing of your claim

IMPORTANT INFORMATION - PLEASE READ

Am I eligible to claim a Healthy Lifestyle benefit?

The Healthy Lifestyle Benefit is available under all Teachers Health 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 call 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 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 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 form every 24 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.

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 accounts or receipts are attached. Leaving a section blank or without the required signature may delay the processing of your claim.

What documentation do I need to include with my claim?

Healthy Lifestyle benefit category	Documents required
Weight management	Healthy Lifestyle Program form + account/receipt
Health / Preventative screening	Account/receipt only
Disease management subscriptions	Account/receipt only
Gym membership	Healthy Lifestyle Program form + account/receipt
Training	Healthy Lifestyle Program form + account/receipt

For a list of approved programs under each of these categories please visit teachershealth.com.au or call 1300 728 188. Please note, benefits are not payable for the following:

- 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

You don't need to send us the original account or receipt to claim – a good, legible copy is fine. Accounts or receipts copies must include the following:

- Name of the provider
- Address of the provider
- 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.

Cash register docketts, membership agreements, copies of bank statements or credit card receipts are not accepted documents for making claims. You should ask the provider to supply you with a receipt as outlined above.

SOMETHING TO MAKE YOU APPY!

Claim on the go using our member app. Download it today, then simply take a photo of your receipt and form and submit.

It's that easy and there is no need to fill out a claim form when using the app.

Visit teachershealth.com.au/app or call 1300 728 188 for more information.

A. DETAILS OF CLAIMANT

Member number

Date of birth / /

Given names Surname

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

If yes, please download and complete the Accident and Injury form at teachershealth.com.au

B. TO BE COMPLETED BY YOUR 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 ameliorate the patient's medical condition.

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

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 ameliorate a specific health condition and all the information I have provided is true and correct.

Signature

Provider/Practice stamp

Date / /

If the provider/practice doesn't have a business stamp, we'll require a signed letter from the provider/practice on their letterhead, confirming that they don't have a stamp. Please submit this along with the form.

C. DECLARATION - TO BE COMPLETED BY CLAIMANT

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 prevent or ameliorate a specific health condition, and
- I understand that extras benefits cannot be claimed from Teachers Health that have been or will be claimed from another source (Medicare or other government assistance programs), and
- I authorise Teachers Health 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 the appropriate level of cover is not held, if applicable waiting periods have not been served, 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 Teachers Health Fund Rules.

Signature

Date / /

WHAT NEXT? Once form is completed please attach receipts and send to **GPO Box 9812, Sydney NSW 2001** or **submitclaim@teachershealth.com.au**

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