



Please send this claim form and any additional information:

By Post: CBHS Health Fund Limited
Locked Bag 5014, Parramatta NSW 2124

Fax: 02 9843 7676 **Email:** claims@cbhs.com.au

Health management program authorisation

Under CBHS 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 Member no. _____ Mr Mrs Miss Ms Dr
Claimant's surname _____ Date of birth / /
Claimant's given names _____

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

Practitioners name _____ Provider number _____
Phone number () _____ Postcode _____

Please enter the patient's medical condition

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

Gym membership _____ Personal trainer _____

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

Practitioner's signature and practice stamp

X

Date signed

/ /

Section 3 - Additional Information

Is this claim a result of an accident or trauma? Yes No

If 'Yes' please give the date / /

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 Health Fund Limited to contact the provider of any service claimed and obtain any information relating to the claim

Signature of Member (or Authorised Partner)

X

Privacy

How CBHS collects, uses and secures your personal information is described in the CBHS Privacy Policy.

CBHS' Privacy Policy is available at www.cbhs.com.au or by calling 1300 654 123