

If your cover includes HCF's Health Management Program, you can claim towards the costs of an exercise program or gym membership **when the exercise program is designed to address or improve a specific health or medical condition.** Please ask your GP or medical specialist to complete this section and submit this completed form along with receipts for your gym or exercise regime fees.

1. Claimant's details (PLEASE USE CAPITAL LETTERS)

Membership No.

Date of birth

Title

First Name

Surname

Is this claim the result of an accident or trauma: Yes 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

If 'yes', please provide brief details

2. To be completed by your Medical Practitioner

Medical Practitioner's Name

Medicare provider number

Telephone number including area code

Postcode

Please indicate the patient's **medical condition** that this exercise regime is addressing:

Please indicate the **exercise regime** you are recommending to improve the patient's medical condition:

Please indicate the length of time recommended for this course of treatment: months

Declaration (to be completed by the Medical Practitioner) I declare that the information I have provided is true and accurate.

Medical Practitioner signature and practice stamp or details

Date

Declaration

I declare all information provided in support of this claim to be true and correct and that all persons covered by this policy whose privacy rights may be affected have been made aware of the HCF Privacy Policy. I understand that extras benefits cannot be claimed from HCF that have been, or will be, claimed from Medicare Australia (unless permitted by law). I declare that the patient was not aware of any symptom related to the condition for which benefits are claimed, before joining HCF or transferring to the current level of cover. I acknowledge that HCF deals with personal information of all members in accordance with its privacy policy. I authorise, and have the consent of the patient, where necessary, to authorise HCF to contact the provider and to access any information needed to verify this claim.

Signature must be of the Policy holder or Partner listed on Policy

Date

PRIVACY How HCF collects, uses, keeps and secures personal information is described in the HCF Group Privacy Policy. For a copy of this policy, visit a branch, call 13 13 34 or log onto www.hcf.com.au

Call HCF Member Information 13 13 34

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