

EXERCISE AND GYM BENEFITS AUTHORISATION AND CLAIM

If your extras cover includes benefits for HCF approved health management programs, you can claim towards the costs of an exercise program or gym membership. Exercise and gym fees are only claimable when the exercise program is designed to address or improve a specific health condition and we don't cover the costs of online programs (including those delivered through mobile apps) or recreational and competitive sports. Ask your GP or medical specialist, to complete section 2 (or by an HCF recognised provider of an approved profession) and submit the completed form to HCF along with your receipts/invoices. We'll only pay claims for exercise programs which start after the date the medical or health practitioner has signed. This authorisation is only valid for 12 months from the time it's signed.

Complete and upload via the HCF app:

hcf.com.au/apps

or visit a branch:

hcf.com.au/branches

or mail with your invoices to:

HCF
GPO Box 4242
Sydney NSW 2001

HCF Membership No.

1 CLAIMANT'S DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title

First name

Surname

Date of birth (DD MM YYYY)

Is any part of this claim related to an accident or incident that may give rise to any form of compensation, damages or payment such as: motor vehicle accident, work related incident, personal injury, sports injury or other?

Yes (Please mark 'X')

If 'yes', provide the date of the event (DD MM YYYY):

and attach brief details on a separate sheet.

2 TO BE COMPLETED BY YOUR MEDICAL PRACTITIONER, OR BY AN HCF RECOGNISED PROVIDER OF AN APPROVED PROFESSION

(PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Medicare Provider No.

Health practitioner's name

What is your profession:

GP Medical Specialist Accredited exercise physiologist Chiropractor

Diabetes educator Dietitian Occupational therapist Osteopath Physiotherapist Podiatrist Psychologist

Phone (including area code)

What is the patient's specific medical condition that this exercise program is addressing (general health and wellbeing is not a medical condition):

Arthritis Asthma Cardiac conditions or heart disease Chronic back pain Diabetes Hypertension Mental health

Musculoskeletal Neurological Obesity (BMI >30) Orthopaedic conditions Osteoporosis Pregnancy Rehabilitation

Other - (Specify)

Please describe the **exercise program** you are recommending or providing to improve the patient's medical condition:

DECLARATION (TO BE COMPLETED BY YOUR MEDICAL PRACTITIONER OR HCF RECOGNISED PROVIDER)

I declare that the information I've provided is true and accurate.

Signature and practice stamp or contact details

Date (DD MM YYYY)

3 DECLARATION (TO BE COMPLETED BY THE POLICYHOLDER OR PARTNER LISTED ON THE POLICY)

I declare all information provided in support of this claim is true and complete and that all persons covered by the policy whose personal (including sensitive) information is being disclosed to HCF have been made aware of the HCF Privacy Policy. I understand that extras benefits can't be claimed from HCF that have been, or will be, claimed from Medicare (unless permitted by law).

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(s) and to access any information including health information needed to verify this claim.

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF Privacy Policy. For a copy of this policy, call us on **13 13 34** or go to hcf.com.au

Signature of the Policyholder or Partner listed on the Policy

Date (DD MM YYYY)