

# HEALTHY WEIGHT FOR LIFE™ AUTHORISATION AND CLAIM

## IMPORTANT INFORMATION FOR MEMBERS

This letter contains the information for your Healthcare Provider. Please print and take it to your GP/Specialist/Dietitian/Exercise Physiologist/Diabetes Educator/Podiatrist/Physiotherapist/Aboriginal Health Worker. If your Healthcare Provider approves your participation in the *Healthy Weight For Life* program please ask him or her to complete this form so you can make a claim.

To find out if you can claim benefits for the Health Management Program call HCF on **13 13 34**.

### Dear Healthcare Provider

HCF is committed to helping members whose weight is putting them at increased risk of developing one or more of the chronic conditions linked to being overweight. We're assisting members by providing benefits towards the cost of a proven, evidence based, remotely delivered weight loss and lifestyle modification program called *Healthy Weight For Life*. The program is scientifically based, compatible with the NHMRC Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults and is consistent with current published medical research on weight management interventions.

### Under the HCF Health Management Program members can claim towards a self-funded *Healthy Weight for Life* program if they have:

- BMI of  $\geq 28$
- Risk factors such as hypertension, dyslipidaemia, cardiovascular disease, diabetes, smoking and waist circumference outside target limits for ethnicity.

HCF provides the *Healthy Weight for Life* program **at no charge** to eligible members who have type 2 diabetes or cardiovascular disease, and who have a body mass index (BMI)  $\geq 28$ . For more information see [hcf.com.au/hwfl](http://hcf.com.au/hwfl)

### The *Healthy Weight For Life* program integrates the following components:

- 1. KicStart™** – a unique, nutritionally complete VLCD (Very Low Calorie Diet) meal replacement. KicStart™ has been thoroughly tested in a number of independent university and hospital clinical trials across Australia.
- 2. Portion Planning Kit** – all the portion planning tools and educational material you need to help you reach and maintain a healthier weight for the long term.
- 3. Online coaching and education** – a planned sequence of lectures to help guide patients through each phase of the 18 week program. An independent expert panel has reviewed and approved all material prior to the commencement of the program.
- 4. Personalised online self monitoring and tracking system** – a secure site where patients can record their results and track their progress (including their weight, waist, BP, cholesterol & HbA1c). A summary table of their results can be downloaded and printed out to be shared with you or the other relevant members of their healthcare team.
- 5. Personal telephone support, motivation and advice** – inbound and outbound calls by a team of allied healthcare professionals to ensure members are making progress and achieving their goals.

At every stage of the program members are advised that the information provided does not replace the specific advice given to them by their own healthcare professional or medical practitioner. They are urged to consult their supervising healthcare provider before commencing this program and to attend regular checkups to keep their entire healthcare team updated with their progress.

### For more information on this program:



GO TO  
[hcf.com.au/hwfl](http://hcf.com.au/hwfl)



EMAIL  
[hwfl@hwfl.com.au](mailto:hwfl@hwfl.com.au)



CALL  
**1800 226 180**

The *Healthy Weight for Life* program is managed for HCF by Prima Health Solutions Pty Ltd.

## HEALTHY WEIGHT FOR LIFE™ AUTHORISATION AND CLAIM

Under the HCF Health Management Program members can claim towards a self-funded *Healthy Weight for Life* program and graduates of the full *Healthy Weight for Life* program may claim for Kicstart™ VLCD. These benefits are claimable if you're eligible and have available limits and your healthcare provider declares your participation is medically appropriate.

Please submit this completed form along with receipts for your *Healthy Weight for Life* program or Confirmed Program Graduate Kicstart™ VLCD to any HCF branch or mail HCF, GPO Box 4242, Sydney NSW 2001.

Membership No.

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

Title  First name  Middle initial   
 Surname  Date of birth (DD MM YYYY)

### 2 BUSINESS, PRACTICE AND CONTACT DETAILS

Healthcare Provider's name   
 Medicare Provider number  Postcode  Phone   
 Claimant's weight  kg Claimant's height  m Claimant's waist circumference  cm

**Claimant has:**

- Completed a full *Healthy Weight for Life* program (certified by Prima Health Solutions)
- BMI of  $\geq 28$
- Risk factors, e.g. hypertension, dyslipidaemia, CVD, diabetes, smoking, waist circumference outside target limits for ethnicity.

### 3 DECLARATION (TO BE COMPLETED BY THE HEALTHCARE PROVIDER)

In my opinion it is medically appropriate and safe for this member to participate in the *Healthy Weight for Life* program.

Healthcare Provider's Signature  Date (DD MM YYYY)

### 4 DECLARATION AND AUTHORITY (TO BE COMPLETED BY THE MEMBER)

I declare all information provided in support of this claim is true and complete and that all persons covered by this 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 cannot be claimed from HCF that have been, or will be, claimed from Medicare (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(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 our member services team on **13 13 34** or go to **hcf.com.au**

Signature of the Policy holder or Partner listed on Policy  Date (DD MM YYYY)