



Health Management Gym and PT Medical Form

1. Please complete this form **USING BLACK INK** and write within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a **CROSS**. Start at the left of each answer space and leave a gap between words. **PLEASE DO NOT STAPLE**.
2. Please complete all details that are relevant to you on all pages of this form.
3. Read the declaration and sign all the signature panels required.

Gym membership and personal training benefits

You may be eligible for benefits towards gym membership and/or personal training services that you've been referred to by your health care professional as part of a health or chronic disease management program, to directly address or improve a specific diagnosed medical condition. The benefit for gym memberships and personal training services is available on selected products under Health Management. Subject to yearly limits, waiting periods and Bupa's Fund and Policy Rules.

Prior to the submission of your gym membership and personal training claim please read the important information section on the reverse side of this form.

SECTION A: Your details

Bupa membership number	Initial Title	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First name	
<input type="text"/>	<input type="text"/>	

SECTION B: Benefit payment

Name(s) of account holder(s)	BSB number	Bank account number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of financial institution		
<input type="text"/>		

If account details are not provided or authority is not present, benefit will be paid to the policyholder. Please enclose original accounts/receipts which must post-date the date that the Declaration in Section E is signed by your health professional. All accounts/receipts and any documents supporting your claim will be retained by Bupa.

SECTION C: Registered provider details – to be completed by your referring healthcare professional (e.g. GP, Physio)

To be eligible for a Bupa benefit, this approval form must be completed and signed by one of the following:

Please note that this form cannot be completed by the provider of the program (eg. a gym or a personal trainer).

<input type="checkbox"/> GP	<input type="checkbox"/> Chiropractor	Address <input type="text"/>
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Occupational Therapist	
<input type="checkbox"/> Exercise Physiologist	<input type="checkbox"/> Specialist Medical Practitioner	
		Postcode <input type="text"/>

Healthcare professional name	
<input type="text"/>	
Provider number	Contact phone number
<input type="text"/>	<input type="text"/>

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SECTION D: Treatment details - to be completed by your referring healthcare professional (e.g. GP, Physio)

Please indicate the diagnosed medical condition that this Health Management Program is intended to manage or improve:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Osteoporosis and Osteopenia |
| <input checked="" type="checkbox"/> Obesity (defined as BMI>30) | <input checked="" type="checkbox"/> Orthopaedic Conditions |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Musculoskeletal Conditions |
| <input checked="" type="checkbox"/> Back pain | <input checked="" type="checkbox"/> Cardiac Conditions (such as high blood pressure or heart disease) |

SECTION E: Declaration - to be completed by your referring healthcare professional (e.g. GP, Physio)

I certify that the recommended directive to undertake exercise is part of either a health management program or a chronic disease management program for the diagnosed medical condition listed above and all the information on this form is true and correct.

Referring healthcare professional signature

Date

Section F: Customer's declaration, acknowledgement and authority

Privacy Statement

Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices or our complaints handling process, please refer to our Information Handling Policy, available on our website at www.bupa.com.au or by calling us on 134 135. When you submit a claim, you agree to the handling of your personal information as set out here and in our Information Handling Policy. We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If we send your information outside of Australia, we will require that the recipient of the information complies with privacy laws and contractual obligations to maintain the security of the data. If you are on a corporate health plan, we may disclose your information to your employer to verify your eligibility to be on that corporate plan. The policy holder is responsible for ensuring that each person on their policy is aware that we handle their personal information as set out here and in our Information Handling Policy. Each person on a policy aged 15 or over may complete a 'Keeping your personal information confidential' form to specify who should receive information about their health claims. You are entitled to reasonable access to your personal information within a reasonable timeframe. We reserve the right to charge a fee for collating such information. If you or any insured person does not consent to the way we handle personal information, or does not provide us with the information we require, we may be unable to provide you with our products and services. We may use your personal (including health) information to contact you to advise you of health management programs, products and services. When you submit a claim, you consent to us using your personal information to contact you (by phone, email, SMS or post) about products and services that may be of interest to you. If you do not wish to receive this information, you may opt out by contacting us.

I acknowledge that a Benefit may not be payable or may be reduced if any applicable waiting periods have not been served, annual maximums have been reached, the services claimed are excluded or restricted under my Cover or are otherwise not payable under Bupa's Fund Rules. *Refer to Important Information below.*

I declare that the services referenced in the attached receipts were received by me and that all of the information on this form is true and correct.

I authorise Bupa to obtain information from the provider for any service claimed.

Applicant's signature

Date

E



Important information – please read

How do I know if I can claim gym membership and personal training benefits?

You must be on a level of Extras cover that includes gym membership and personal training. To check your level of cover and eligibility for these benefits, log into myBupa at bupa.com.au or contact our friendly Bupa team on 134 135.

What is the waiting period for gym membership and personal training benefits?

A six month waiting period applies to this benefit.

The process to claim your benefit

Once you've identified you're eligible for this benefit, the process is easy. Just follow the below steps:

Step 1 – Check your gym or personal trainer is a Bupa recognised

provider: Please call us on 134 135 to check if your provider is recognised with Bupa.

Step 2 – Complete this form: Provide the Health Management Gym and PT Medical form to your health professional. Both you and your health professional will need to complete and sign the form.

Step 3 – Make payment for your gym or personal trainer and obtain a receipt: Please note that in order for your claim to be accepted, the date on the receipt must be after the date on the signed form by your health professional.

Step 4 – Submit your claim: Log into www.myBupa.com.au to submit your claim. You will need to attach your completed form and receipt. Claims must be submitted within 2 years from the date of service.

Why does my healthcare professional need to complete this form?

It's used to confirm the course or program is recognised by Bupa as part of a health or chronic disease management program. A health management program is a program that is intended to address or improve a person's specific diagnosed health condition. A chronic disease management program is a program that is intended to:

- Reduce complications in a person with a diagnosed chronic disease; or prevent or delay the onset of chronic disease for a person with identified multiple risk factors for chronic disease.

Bupa applies these criteria to meet the relevant requirements of the *Private Health Insurance Act 2007*.

How often do I need to complete this form?

This form is valid for 12 months from the date signed by your health professional. You will need to repeat this process every year to continue to claim.

Can I claim for the cost of getting this form completed?

Costs incurred for the completion of this approval form by your referring healthcare professional are not covered by Bupa.

For more information on gym membership and personal training benefits visit bupa.com.au/gyms-and-mole-mapping or call us on 134 135.

Just before you send



Check that you have signed all the signature boxes relevant to your application, including the declaration above.

Please log into myBupa to submit your claim, or you can mail your application to:

Bupa Health Insurance
GPO Box 2213
Brisbane QLD 4001

Alternatively, you can drop by a Bupa Health Insurance store.

If you would like any assistance, please call us on **134 135**.

Bupa HI Pty Ltd ABN 81 000 057 590

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