

**Section A – Healthy Living Benefit – Gym Membership, Personal Training Programs and Aquatic Exercise/Rehabilitation**

Healthy Living Benefits are available under any of our Extras Cover products and provide a benefit towards the costs of an approved health management or chronic disease management program. This may include gym memberships, personal training programs and aquatic exercise/rehabilitation (excludes swim classes/lessons) to address or improve a specific health or medical condition. Referral by your healthcare professional to participate in an approved program is required in order for a benefit to be paid.

**Prior to the submission of your Healthy Living claim please read the important information section on the reverse of this form.**

**Section B – Patient Details**Title  First Name  Surname Date of Birth (DDMMYY) **Section C – Registered Provider Details – *To be completed by your referring healthcare professional***

**To be eligible for a Health Management or Chronic Disease Management program benefit, this approval form must be completed and signed by one of the following:**

Please note that this form cannot be completed by the program facilitator (e.g. a personal trainer).

- |  |   |
|--|---|
| <input type="checkbox"/> GP                    | <input type="checkbox"/> Chiropractor/Osteopath         |
| <input type="checkbox"/> Physiotherapist       | <input type="checkbox"/> Occupational Therapist Medical |
| <input type="checkbox"/> Exercise Physiologist | <input type="checkbox"/> Specialist                     |

Address

  
  

Healthcare Professional Name

Provider Number

Contact Phone Number

**Section D – Treatment Details – *To be completed by your referring healthcare professional***

Please indicate the patient's medical condition that this exercise program is addressing.

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Back Pain    | <input type="checkbox"/> Cardiac related risk factors<br>(E.g. high blood pressure, raised cholesterol) |
| <input type="checkbox"/> Weight Management | <input type="checkbox"/> Osteoporosis |   |
| <input type="checkbox"/> Rehabilitation    | <input type="checkbox"/> Asthma       |   |

Please select the health program you are recommending to improve the patient's medical condition

- |                              |  |   |
|------------------------------|--|---|
| <input type="checkbox"/> Gym | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Aquatic exercise/rehabilitation<br>(excludes swim classes/lessons) |
|------------------------------|--|---|

**Section E – Declaration – *To be completed by your referring healthcare professional***

I certify that the recommended health program is part of either a health management program or a chronic disease management program for the patient listed above and all the information on this approval form is true and correct.

Signature of referring healthcare professional

Date

## Section F – Member Declaration, acknowledgement and authority

I declare that:

1. I have read the Important Information provided in section G of this form.
2. I am undertaking an approved health management or chronic disease management program.
3. I authorise Queensland Country Health Fund (QCHF) to use my personal information and to disclose this information to other parties including Medical Practitioners, Health Service Providers and hospitals as reasonably necessary in assessing and processing this claim and for other purposes as provided in the QCHF Privacy Policy. I confirm that all persons recorded on this form have also provided their consent to such use and disclosure of their personal information.
4. I authorise QCHF to obtain information from the provider for any service claimed for under this Health Management Program.
5. All the information on this form is true and correct

Member Signature

Date

## Section G - Important Information – Please read

### How do I know if I can claim a benefit for this Health Management Program under Healthy Living Benefit?

You must be on any level of Extras cover with QCHF (Hospital Cover does not provide benefits for these Health Management Programs). To check your level of cover and eligibility for benefits under Healthy Living Benefits, log into Online Member Services (OMS) at [members.queenslandcountry.health](https://members.queenslandcountry.health) or our Mobile App. Alternatively, you can call us on 1800 813 415.

### What is the waiting period for claiming these eligible services under Healthy Living Benefit?

A two month waiting period applies to this benefit.

### I'm eligible – how can I claim this benefit?

**Step 1** – Complete this form: Speak to your healthcare professional about health-related programs that will support the management or alleviate your medical condition. This form must then be completed by your referring healthcare professional (your GP, physiotherapist, chiropractor, occupational therapist or medical specialist).

**Step 2** – Select your program provider: The program provider (e.g. Gym or Personal Trainer) must be registered with AUSactive. You can ask your program provider if they are registered with AUSactive or go to their website <https://directory.ausactive.org.au/directory/businesses> and search for a Fitness Business (Gym) or Exercise Professional (Personal Trainer)

**Step 3** – Submit your claim: With the assistance of your healthcare professional complete this approval form along with a completed claim form. Make sure to include the original account or tax receipts for the program or membership.

### Why does my healthcare professional need to complete this form?

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

- A. Either 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; and
- B. Requires the development of a written plan
- C. Is coordinated by a person who has accepted responsibility for:
  - I. Ensuring the services are provided according to the plan and
  - II. Monitoring the patient's compliance with the agreed goals and activities specified in the plan.

### How often do I need to complete this form?

To continue claiming for a Healthy Living benefit for Gym Membership and Personal Training Programs you must submit a new Health Management Program Benefit – Approval Form every 2 years.

### 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 Queensland Country Health Fund.