

HCF 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. To accord with private health insurance legislation, exercise and gym fees are only claimable 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 section 2 and submit the completed form to HCF along with your receipts/invoices.

Complete and mail 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 this claim the result of an accident or trauma: Yes If 'yes', please give the date of the event (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 If 'yes', provide the the date of the event (DD MM YYYY): and attach brief details on a separate sheet.

2 To be completed by your Medical Practitioner (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Medicare Provider number Medical Specialty

Medical Practitioner's Name Phone (including area code)

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 contact details

Date (DD MM YYYY)

3 Declaration (to be completed by the Policy holder or Partner listed on Policy)

I declare all information provided in support of this claim is true and correct 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 a 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 must be of the Policy holder or Partner listed on Policy

Date (DD MM YYYY)