

health.com.au aims to provide practical support to help you reach your health maintenance goals by covering some of the costs for health-related programs completed under the care of your doctor. To be eligible for a Health Maintenance benefit under the Private Health Insurance Act, the program must be recognised by health.com.au at its sole discretion, as part of a health or chronic disease management program.

The form must be signed by your GP confirming that the program is part of a health management or chronic disease management program. Each approval is valid for a maximum of 12 months from the date the approval is signed.

Approved Health Maintenance Programs are activities such as:

- Weight Management / Quit Smoking Programs
- Gym Memberships / Non-Clinical Pilates / Yoga
- Psychotherapy / Hypnotherapy
- Relevant First Aid Courses - your GP needs to indicate the condition the course will be supporting (e.g., asthma, diabetes, etc.)

****Costs of food and health products are not claimable.****

STEPS TO MAKE A CLAIM:

- 1) Obtain approval from your GP before undertaking any program
- 2) Undertake your approved health maintenance activity
- 3) Upload your completed form to health.com.au/customers/claim with receipts for the service OR email to claims@health.com.au.
Alternatively, you can also fax to 03 8609 1396.

CLAIMANT DETAILS

Customer Number	Claimant Name	Date of Birth (dd/mm/yyyy)
Email Address		Telephone Number (include area code)

SERVICE PROVIDER DETAILS (e.g., gym, studio or course provider)

Name of Business	Telephone Number (include area code)
ACUQUIT PTY LTD	1800228784
Address (include street, suburb, state and postal code)	

DECLARATION BY MEDICAL PRACTITIONER

I declare that the treatments described above are intended to be part of an approved health management or chronic disease management program.

Name of Practitioner	Telephone Number	For First Aid Courses Only - please provide details confirming the condition the course will be supporting (e.g, asthma, diabetes, etc.)
Date (dd/mm/yyyy)	Signature of Medical Practitioner	

CLAIM (PLEASE ATTACH RECEIPTS)

Date (dd/mm/yyyy)	Service	Service Cost
	ACUQUIT QUIT SMOKING PROGRAM	\$495.00
Date (dd/mm/yyyy)	Service	Service Cost
Date (dd/mm/yyyy)	Service	Service Cost

CUSTOMER DECLARATION

I declare that the information provided is true and correct. I hereby authorise the providers concerned to supply any information required to validate this claim.

Date (dd/mm/yyyy)	Signature of Customer