

Health Management Program



Supporting Documentation.

To be completed by the HIF member:

Member's full name:	<input type="text"/>	Member number:	<input type="text"/>
Member's signature:	<input type="text"/>	Date:	<input type="text"/>

Declaration: I declare that I am undertaking a 'health management program' for treatment of a health related condition. I acknowledge that I must notify HIF if I cease this program or enter into a new program. I consent to HIF collecting, using or disclosing my personal information for the purposes set out in the HIF Privacy Policy (which can be found on hif.com.au).

To be completed by the health professional recommending the program:

Provider's full name:	<input type="text"/>	Provider number:	<input type="text"/>
Profession:	<input type="text"/>	Date:	<input type="text"/>
Provider's signature:	<input type="text"/>		

Declaration: I declare that I have recommended the above patient, who is under my care and is undertaking a health management program for the treatment of a health related condition.

Benefits are only payable where:

The services are required to enable the HIF member to undertake a health management program for the treatment of a health related condition;

The health management program has been recommended to the member by an HIF recognised provider who has the member under their care for the treatment of the health related condition;

All supporting documentation required by HIF in relation to the health management program has been completed in the manner required by HIF;

The provider/facility is recognised by HIF: and

The member holds the appropriate level of Extras cover.

Please note: This form will remain current for 2 years from the first date of service being claimed and then a new Health Management Program - Supporting Documentation form will be required.