

Health Management Program – Supporting Documentation



To be completed by the HIF member:

Member number:

Title:

First name:

Surname:

Date of birth:

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).

Signature:

Date:

To be completed by the health professional recommending the program:

Provider number:

Profession:

First name:

Surname:

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.

Signature:

Date:

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.

Once you have completed the form, please email it to us at hello@hif.com.au or mail to Claims Department, Health Insurance Fund of Australia GPO Box X2221 Perth WA 6847