Health Management Program Supporting Document

Benefits are payable only under the following circumstances:

- The services are necessary to support the Hunter Health Insurance member in undertaking a health management program aimed at treating a health-related condition.
- Additionally, the health management program must be recommended to the member by a qualified medical practitioner or a recognised registered health professional.
- The provider or facility is recognised by Hunter Health Insurance.
- The member holds an appropriate level of health cover.

This section to be completed by the patient:

Hunter Health Insurance Member Number

Patients Name

I declare that I am undertaking a 'health management program' for treatment of a health related condition.
I acknowledge that I must notify Hunter Health Insurance if I cease this program or enter into a new program.

Patient Signature

Date

This section to be completed by the health professional recommending the program:

Your profession (i.e. physiotherapist or medical practitioner)

Your name

Your provider number (i.e. Medicare provider number if applicable)

I acknowledge that I have recommended to the above patient, who is under my care, health management program for the treatment of a health related condition. This health management program will be facilitated by a provider who is not associated with my business.

Health Professionals Signature

Date

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