

Member Details

Member number Member name _____

- I declare that I am undertaking a 'health management program' for treatment of a health related condition.
- I declare that all the information I have given on this form is true and acknowledge that Phoenix may use the information on this claim form to assess and process this claim.
- I understand that this form can only be used in conjunction with Phoenix's Healthy Lifestyle Program.
- I confirm the services submitted on this claim form were performed by the providers, and received by the persons named on this form.
- I declare these services cannot be claimed from worker's compensation, a third party or any other source.

Signature _____ Date Signed _____

GP Details * This section is to be completed by the health professional recommending the program only

GP Name _____ Name of Practice _____

What is the patient's health condition? _____

What Goals need to be achieved? _____

What course of action/treatment is recommended? _____

Recommended Health Management program period From _____ To _____

I acknowledge that I have recommended to the above patient, who is under my care, a 'health management program' for the treatment of a health related condition.

Health Professional's Signature _____ Date signed _____

PLEASE NOTE - benefits are payable for gym membership fees (visits) only when:

The membership or visits to a gym are required to enable the Phoenix member to undertake a health management program for the treatment of a health related condition and all supporting documentation required by Phoenix in relation to the health management program has been completed in the manner required by Phoenix.

Phoenix Health Fund Ltd

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