

Healthy Lifestyle TREATMENT PLAN



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 Health 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 Health'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.
- ☐ I understand that this form will expire 12 months from the Health Professional's declaration date; at which time a new form will need to be completed to continue to receive any benefits.

Signature:

Date: / /

Treating Doctor Details

This section is to be completed by the health professional recommending the program only.

Doctor name: _____

Doctor's speciality and 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 (maximum 12 months):

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: / /

Phoenix Health Fund Ltd

PO Box 156 Newcastle NSW 2300 | ABN 93 000 124 863

Monday – Friday: 8:00am – 5:00pm (AEST)

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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 Health member to undertake a health management program for the treatment of a health related condition and all supporting documentation required by Phoenix Health in relation to the health management program has been completed in the manner required by Phoenix Health. This form will expire 12 months from the Health Professional's declaration date.