



Health Management Program Supporting Document

Please note – benefits are only payable where:

- The services are required to enable the nib member to undertake a health management program for the treatment of a health related condition; and
- The health management program has been recommended to the member by an nib recognised provider who has the member under their care for the treatment of the health related condition; and
- All supporting documentation required by nib in relation to the health management program has been completed in the manner required by nib; and
- The provider/facility is recognised by nib; and
- The member holds the appropriate level of cover.

This section to be completed by the patient

nib member number

Patient's name

I declare that I am undertaking a 'health management program' for treatment of a health related condition.

I acknowledge that I must notify nib if I cease this program or enter into a new program.

I consent to nib collecting, using or disclosing my personal information for the purposes set out in the nib Privacy Policy.

Patient's 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)

Service/s recommended (mark appropriate boxes) Gym Personal training

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. This health management program will be facilitated by a provider who is not associated with my business.

Health professional's 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.

Please return your completed form via



Mail: **nib Health Funds Limited**
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Newcastle NSW 2300



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