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Health Management Program – Supporting Documentation

PLEASE NOTE - benefits are only payable where:

- The services are required to enable the nib customer to undertake a health management program for the treatment of a health related condition; and
- The health management program has been recommended to the customer by an nib recognised provider who has the customer 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 customer holds the appropriate level of cover.

This section to be completed by the patient

nib policy 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
(ie: physiotherapist or medical practitioner)

Your name

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

Service/s recommended: *(mark appropriate boxes)*

- Pilates
- Gym
- Yoga
- 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 ***X***

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 Documentation form will be required.