

# ahm health improvement exercise program approval form



To be eligible for ahm benefits, the gym, yoga, exercise physiology or pilates program must intend to prevent or improve a specific health condition or conditions. Ask your GP, Medical Specialist or Recognised Provider\* to complete and sign this form **prior to commencement of treatment**. This form is valid for the length of the program recommended by the recognised provider up to a maximum of 12 months from the date the approval is signed. Once treatment has been paid for or completed, send in the completed form together with your original gym membership, yoga, exercise physiology or pilates receipts to: Locked Bag 1006, Matraville NSW 2036.

\* ahm will accept the signed form from the following allied health professionals: Dietitian, Exercise Physiologist, Physiotherapist, Osteopath, Chiropractor, Occupational Therapist, Psychologist, Diabetes Educator or Aboriginal Health worker.

## Policy holder's details

Membership number	Title	First names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		

## Recognised provider details

Provider number (if known)	Provider name
<input type="text"/>	<input type="text"/>
Provider specialty	
<input type="text"/>	
Provider address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	

Health conditions intended to prevent or improve

  

Nature of exercise program recommended (e.g. weight training, core training, yoga, pilates)

Recommended frequency of attendance at class (e.g. number of classes per week)

Period over which classes should be undertaken

## Declaration

I certify that the exercise program listed above is intended to prevent or improve a specific health condition or conditions for the policy holder listed above and all the information on this form is true and correct.

Recognised Provider/Medical Practitioner signature

<input type="text"/>	Date: / /
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Recognised Provider/Medical Practitioner practice stamp and Provider number