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 such as a physiotherapist, chiropractor, osteopath or occupational therapist to complete and sign this form **prior to commencement of treatment**. This form is valid for 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.

Policy holder's details

Membership number

Title

First names

Surname

Recognised provider details

Provider number (if known)

Provider specialty

Provider name

Provider address

Postcode

Treatment details – health conditions intended to prevent or improve

Declaration

I certify that the gym/yoga/pilates/exercise physiology (please circle as appropriate) program 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

Date: / /

Recognised Provider/Medical Practitioner practice stamp and Provider number