

LIVING WELL PROGRAMS APPROVAL FORM

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a **CROSS**. Start at the left of each answer space and leave a gap between words. **PLEASE DO NOT STAPLE**. Leaving a question blank may delay the processing of this form. Read the declaration and sign all the relevant signature panels.

What is Living Well?

Living Well is a feature on selected Extras covers that provides a benefit for some of the costs of approved health-related programs that you've been referred to by your health care professional as part of a health or chronic disease management program, to directly address or improve a specific medical condition. Approved health programs include gym memberships, Pilates and select yoga courses, and children's swimming programs on selected covers.

Prior to the submission of your Living Well claim please read the important information section on the reverse side of this form.

SECTION A: Patient details

Bupa membership number

Initial Title

Date of birth

 Male Female

Surname

First name

SECTION B: Registered provider details – to be completed by your referring healthcare professional (e.g. GP, Physio)

To be eligible for a Bupa benefit, this approval form must be completed and signed by one of the following:

Please note that this form cannot be completed by the provider of the program (e.g. a gym or a swim school).

- | | |
|--|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Occupational therapist |
| <input type="checkbox"/> Osteopath | <input type="checkbox"/> Medical specialist |
| <input type="checkbox"/> Exercise Physiologist | |

Address

Postcode

Healthcare Professional name

Contact phone number

Provider number

SECTION C: Treatment details – to be completed by your referring healthcare professional (e.g. GP, Physio)

Please indicate the health program recommended:

Please indicate the medical condition that this program is intended to manage or improve:

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Weight management | <input type="checkbox"/> Orthopaedic (musculoskeletal) conditions |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Cardiac related risk factors (e.g.: high blood pressure, raised cholesterol) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other (please provide details) |
| <input type="checkbox"/> Back pain | |

SECTION D: Declaration – to be completed by your referring healthcare professional (e.g. GP, Physio)

I certify that the recommended program is part of either a health management program or a chronic disease management program for the patient listed above and all the information on this form is true and correct.

Referring healthcare professional signature

Date



SECTION E: Customer's declaration, acknowledgement and authority

Privacy Statement Your privacy is important to Bupa. This statement summarises how we handle your personal information. For further information about our information handling practices or our complaints handling process, please refer to our *Information Handling Policy*, available on our website at www.bupa.com.au or by calling us on 134 135. When you join, you agree to the handling of your personal information as set out here and in our *Information Handling Policy*. We will only collect personal information that we require to provide, manage and administer our products and services and to operate an efficient and sustainable business. We are required to collect certain information from you to comply with the *Private Health Insurance Act 2007* (Cth). We may also collect information about you from health service providers for the purposes of administering or verifying any claim, and from your employer, broker or agent if you are on a corporate health plan or have joined through a broker or agent. We may disclose your personal information to our related entities, and to third parties including healthcare providers, government and regulatory bodies, other private health insurers, and any persons or entities engaged by us or acting on our behalf. If we send your information outside of Australia, we will require that the recipient of the information complies with privacy laws and contractual obligations to maintain the security of the data.

I acknowledge that a Benefit may not be payable or may be reduced if any applicable waiting periods have not been served, annual maximums have been reached, the services claimed are excluded or restricted under my Cover or are otherwise are not payable under Bupa's Fund Rules. Refer to *Important Information* below.

I declare that the services claimed were received by the patient and that all information on this form is true and correct.

I authorise Bupa to obtain information from the provider for any service claimed.

Policyholder's signature

Date

Important information - please read

How do I know if I can claim Living Well benefits?

You must be on a level of Extras cover that includes Living Well. To check your level of cover and eligibility for Living Well benefits (including for children's swimming programs), log into myBupa at bupa.com.au or contact our friendly Bupa team on 134 135.

What is the waiting period for Living Well?

A six month waiting period applies to this benefit.

I'm eligible - how can I claim this benefit?

Step 1 - Complete this form: Speak to your healthcare professional about health-related programs that will support the management of or alleviate your medical condition. This form must then be completed by your referring healthcare professional (your GP, physiotherapist, chiropractor, osteopath, occupational therapist, exercise physiologist or medical specialist).

Step 2 - Select your program provider: The program provider (e.g. swim school, gym, Pilates or yoga course/instructor) must be registered with Bupa. You can ask your program provider if they are registered with Bupa, or go to www.bupa.com.au, or call us on 134 135.

Step 3 - Submit your claim: Present the completed paperwork at any Bupa Retail Centre in person or send with a completed claim form via mail to the address below. Make sure to include the original account or tax receipts for the program or course.

Why does my healthcare professional need to complete this form?

It's used to confirm the course or program is recognised by Bupa as part of a health or chronic disease management program. A health management program is a program that is intended to improve a person's specific health condition. A chronic disease management program is a program that is intended to:

- Either reduce complications in a person with a diagnosed chronic disease; or prevent or delay the onset of chronic disease for a person with identified multiple risk factors for chronic disease; and
- Requires the development of a written plan
- Is coordinated by a person who has accepted responsibility for:
 - Ensuring the services are provided according to the plan and
 - Monitoring the patient's compliance with the agreed goals and activities specified in the plan.

How often do I need to complete this form?

To continue claiming Living Well you must submit a new Living Well Approval form every 12 months.

Can I claim for the cost of getting this form completed?

Costs incurred for the completion of this approval form by your referring healthcare professional are not covered by Bupa.

For more information on Living Well visit www.bupa.com.au/livingwell or call us on 134 135.

Just before you send

Check that you have signed all the signature boxes relevant to your application, including the declaration above.

Please mail your application (no postage stamp required) to:

Bupa Reply Paid 9809 BRISBANE QLD 4001

If you would like any assistance, please call us on **134 135**.

Bupa Australia Pty Ltd ABN 81 000 057 590

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Consultant

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