

This claim form is to be used to make claims related to Australian Unity's preventative health services.

Please submit this with a Health cover claim form

1 Preventative Health Services Review

Please include all relevant documents and keep copies if required, as Australian Unity will retain originals.

- Personal Health Coaching**
(Complete section 2 & 5)
- Doctor Health Check**
(Complete section 2 & 5)
- Weight Loss service**
(Complete section 3 & 5)
- Quit Smoking**
(Complete section 4 & 5)
- Step into Life**
(Complete section 2 & 5)

2 I want to claim for

- Personal Health Coaching**
- Doctor Health Check**
- Step into Life**

Declaration by your health provider Provider to complete

Health condition or health goals

- Diabetes
- Back pain
- Overweight / obesity
- Osteoporosis
- Rehabilitation
- Cardiac risk factors

Other

Registered health provider practice stamp

Provider name

Provider number

Date / /

As a registered medical or program provider, I certify that the above program is intended to prevent or improve the member's specified health condition and that one of the following has taken place:

- Ten Step into Life sessions
- A health coaching session
- A doctor health checkup

Registered health provider signature

To check your eligibility, please review your fact sheet or contact Australian Unity on 13 29 39

3 Weight Loss service Complete

Program provider

- Weight Watchers
- Sureslim
- Jenny Craig
- Ultralite
- Curves Complete

Centre attended endorsement

Date commenced program / /

Date goal weight reached / /

Date 12 month goal weight maintained (within 5kg) / /

To check your eligibility, please review your fact sheet or contact Australian Unity on 13 29 39

4 Quit Smoking Complete

Please attach a receipt from one of the following providers

- Allen Carr's Easyway
- Quit Foundation
- Smokenders

Date commenced program / /

To check your eligibility, please review your fact sheet or contact Australian Unity on 13 29 39

5 Declaration Sign

I declare the information on this claim to be true and correct. I agree to assist Australian Unity obtain all information relevant to this claim, authorise the doctors, practitioners or other relevant authorities to provide access to any records relevant to this ailment/injury to Australian Unity (including date, type of services and relevant clinical information), and consent to the release of all relevant information to a medical referee, as determined necessary by Australian Unity, for the purpose of assessment of this claim.

Signature of member

/ /

How to claim:

- Mail:** Forward this claim form with all your relevant documents such as accounts/receipts to Australian Unity using the reply paid address:
Australian Unity Claims Department, Reply Paid 9945, Melbourne VIC 8060
- Phone:** Call our TeleClaims team to process your claim over the phone on 1800 807 144

- Email:** Email this claim form with your relevant documents to customerservice@australianunity.com.au
- Online:** Send in an electronic claim via Online Member Services at australianunity.com.au/memberservices
- Apps:** Download our iPhone or Android application to submit your claim electronically

For further information visit australianunity.com.au or call us on **13 29 39**