Preventative Health Services Form

Australian Unity
Real Wellbeing

Please include all relevant documents and keep copies if required, as Australian Unity will not return originals.

To check your eligibility, please review your product Fact Sheet or visit **www.australianunity.com.au/preventativehealth**

1. Membership details

Your Membership Number

Title

Date of birth

Sex M/F

Surname

First Name

If your contact details have changed, please complete below:

Postal address

Suburb

State

Postcode

Phone (home)

Mobile

Email

2. Claim details

First name of patient	Date of birth	Date of service	Name of practitioner or type of service	Has the account been paid?
				X Yes X No
				X Yes X No
				X Yes X No
				X Yes X No

3. Claim payment

Australian Unity pays your claims directly into your nominated financial institution account. You only need to complete this section if your account details are different from the details we already hold.

Name and branch of financial institution

Name of account holder

BSB No. –

Account number

Signature of policy holder

Date D D / M M / Y Y Y Y

 Australian Unity Health Limited ABN 13 078 722 568 | 271 Spring Street, Melbourne VIC 3000

Please turn over page ›

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4. I want to claim for

To check your eligibility, please review your product factsheet or contact Australian Unity on 13 29 39.

Personal Health Coaching | Doctor Health Check

☐ **Personal Health Coaching** ☐ **Doctor Health Check**

BELOW TO BE COMPLETED BY YOUR HEALTH PROVIDER

Declaration by your health provider

Health condition or health goals:

☐ Diabetes ☐ Back pain ☐ Overweight/Obesity ☐ Osteoporosis ☐ Rehabilitation ☐ Cardiac Risk Factors

☐ Other

Provider name

Provider number

Date D D / M M / Y Y Y Y

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:

- A health coaching session
- A doctor health check

Registered health provider signature

Registered health provider practice stamp

Weight Loss Service

Health condition or health goals:

Date commenced program D D / M M / Y Y Y Y

Date goal weight reached D D / M M / Y Y Y Y

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

Centre attended endorsement

Quit Smoking

Date commenced program D D / M M / Y Y Y Y

Please attach a receipt when submitting this form.

Preventative Health Services

☐ Cervical Cancer Vaccinations ☐ Bone Density Scan ☐ Cervical Cancer Screening ☐ Mammogram Screening ☐ Life For Life

☐ Bowel Cancer Screening **Please attach a receipt when submitting this form**.

Healthy Lifestyle

☐ Gym Membership. **Please attach a referral letter when submitting this form.**

☐ Nicotine Replacement Therapy. **Please attach a receipt from the pharmacy when submitting this form.**

☐ Skin Checks. **Please attach a receipt when submitting this form.**

Please turn over page ›

5. Declaration Note

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

Date D D / M M / Y Y Y Y

Benefits are payable on claims submitted **no more than two years** after the date of service and only for periods during which a membership is financial (fully paid).

We handle your personal information in accordance with our Privacy Policy available at **australianunity.com.au/privacy** or by calling 13 29 39.

Return by post
Australian Unity Health
Reply Paid 91943, Melbourne VIC 3000
(No stamp is required)

Online
Send in an electronic claim via
Online Member Services at
australianunity.com.au/memberservices

Email
customerservice@australianunity.com.au

Apps
Download our mobile app to submit your claim online. Available for most extras claims.

Contact us

13 29 39
australianunity.com.au

A Members Health Fund