Mildura Health Fund Benefit Approval Form

Mildura HEALTH Fund

SECTION A: PATIENT DETAILS

Membership Number:

Patient Name:

Date of Birth:

SECTION B: RECOMMENDING MEDICAL PRACTITIONER DETAILS

To be eligible to receive benefits for an approved Five Star Health Management Program or Health Aid/Appliance this form must be completed and signed by your Medical Practitioner:

Note: this form cannot be completed by the provider of the program or appliance

Medicare Provider Number:

Medical Practitioner Name:

Address:

Please indicate the patients' medical condition that this program or health aid/appliance is intended to manage or improve:

Please indicate the recommended fitness/prevention program or required health aid/appliance:

SECTION C: DECLARATION OF MEDICAL PRACTITIONER

I declare that the recommended program or health aid/appliance is part of a health management regime for the above listed patient under my care and is to assist in the care of their medical condition. All information provided is true and correct.

Signature:	**Date:**

SECTION D: DECLARATION OF MEMBER

I declare that:

- All the information provided on this form is true and correct.
- I understand that benefits cannot be claimed from Mildura Health Fund that have been, or will be, claimed from Medicare (unless permitted by law).
- I authorise Mildura Health Fund to contact any medical practitioner or health provider to supply information to enable this claim to be processed.
- 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 not payable under Mildura Health Fund rules.

Member Signature:	**Date:**

Mildura HEALTH Fund
ABN 13 078 202 089
ACN 078 202 089
79 Deakin Ave Mildura Vic 3500
PO Box 5046 Mildura Vic 3502
T 03 5023 0269
F 03 5023 7732
E mhf@mildurahealthfund.com.au
www.mildurahealthfund.com.au

Please return to Mildura Health Fund

SECTION E: IMPORTANT INFORMATION

Am I eligible to claim a Five Star Health Management Program and what is the waiting period?

The Five Star Health Management benefit is available under the Mildura Health Fund Five Star Extras - E1 level of cover. A six month waiting period applies to this benefit.

Am I eligible to claim on a Health Aid or Appliance required to help manage my medical condition and what is the waiting period?

Health Aids and Appliances are covered under the Five Star Extras, Ancillary Plus and Basic Ancillary cover. Waiting periods range from 12 months to 36 months depending on the type of Health Aid/Appliance required.

Why does my medical practitioner need to complete this form?

In Australia there are strict criteria that health insurers must follow to determine whether or not we can pay benefits for health improvement programs. We are not able to pay benefits unless you can provide proof that a specific condition was identified before you started the program. It is used to confirm the course or program is recognised by Mildura Health Fund as part of a health or chronic disease management program. A health management program is a program intended to improve a person's specific health condition. A chronic disease management program is a program that:

a) Either reduces complications in a person with a diagnosed chronic disease; or prevents or delays the onset of chronic disease for a person with identified multiple risk factors for chronic disease;

b) Requires the development of a written plan; and

c) Is coordinated by a person who has accepted responsibility for:

i. Ensuring the services are provided according to the plan; and
ii. 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 this benefit you must submit a new Mildura Health Fund Benefit Approval Form every 12 months.

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

Costs incurred for the completion of this form by your treating medical practitioner or provider are not covered by Mildura Health Fund.

How do I claim this benefit?

Step 1 – Complete this form in conjunction with your referring medical practitioner.

Step 2 – Choose your approved program provider or health aid/appliance.

Step 3 – Submit your claim ensuring that all declarations are signed and that the original receipted account is attached. Leaving a section blank or without the required signature may delay the processing of your claim.

Receipted Accounts

- Receipted accounts should be on the provider's official letterhead or be stamped with the provider's stamp. All accounts must be itemised showing the following information:
  - Name of the provider
  - Date the service was provided
  - Address of the provider – where the service took place
  - Cost of the service
  - Name of the person receiving the service
  - Description of the service
- Cash register dockets, copies of bank statements or credit card receipts are not accepted documents for making claims. You should ask the provider to provide you with a receipt as outlined above.