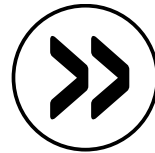


Gym benefits authorisation and claim



You can claim the cost of your gym membership if your RT Health Extras cover includes a benefit for this service. Gym fees are only claimable when the exercise program is designed to address or improve a specific health condition and we don't cover the costs of online programs (including those delivered through mobile apps) or recreational and competitive sports. Ask your GP or medical specialist, to complete section 2 (or by an RT Health recognised provider of an approved profession) and submit the completed form to RT Health along with your receipts/invoices. We'll only pay claims for gym memberships which start after the date the medical or health practitioner has signed. This authorisation is only valid for 12 months from the time it's signed.

SECTION 1 | Claimant's details

RT Health membership number Title Given names

Family name Date of birth (dd/mm/yy)

Is any part of this claim related to an accident or incident that may give rise to any form of compensation, damages or payment such as: motor vehicle accident, work related incident, personal injury, sports injury or other?

Yes If 'yes', provide the date of the event (DD MM YYYY): and attach brief details on a separate sheet.

SECTION 2 | To be completed by your medical practitioner, or by an RT Health recognised provider of an approved profession

Medicare Provider No. Health practitioner's name

What is your profession:

GP	Diabetes educator	Psychologist	Chiropractor
Medical Specialist	Dietitian	Osteopath	Accredited exercise physiologist
Podiatrist	Occupational therapist	Physiotherapist	

What is the patient's specific medical condition that this exercise program is addressing (general health and wellbeing is not a medical condition):

Arthritis	Asthma	Cardiac conditions or heart disease	Chronic back pain
Diabetes	Hypertension	Mental health	Musculoskeletal
Neurological	Obesity (BMI >30)	Orthopaedic conditions	Osteoporosis
Pregnancy	Rehabilitation		

Other - (Specify)

Please describe the exercise program you are recommending or providing to improve the patient's medical condition:

Declaration (To be completed by your medical practitioner, or RT recognised provider)

Signature and practice stamp or contact details Date (dd/mm/yy)



SECTION 3 | Declaration (To be completed by the principal member or authorised persons)

» I declare all information provided in support of this claim is true and complete and that all persons covered by the policy whose personal (including sensitive) information is being disclosed to RT Health have been made aware of the HCF Privacy Policy. I understand that extras benefits can't be claimed from RT Health that have been, or will be, claimed from Medicare (unless permitted by law). I acknowledge that RT Health deals with personal information of all members in accordance with its Privacy Policy. I authorise, and have the consent of the patient, where necessary, to authorise RT Health to contact the provider(s) and to access any information including health information needed to verify this claim. How RT Health collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by RT Health is explained in the HCF Privacy Policy. For a copy of this policy, call us on 1300 886 123 or go to rthealth.com.au.

Principal member or authorised persons signature

Date (dd/mm/yy)

How to submit this form



Email: help@rthealthfund.com.au



Post: PO Box 545 Strawberry Hills NSW 2012

