

Healthy Lifestyle Treatment Plan



MEMBER DETAILS

Member number:

Member name: _____

- ☐ I declare that I am undertaking a 'Health Management Program' for treatment of a health related condition.
- ☐ I declare that all the information I have given on this form is true and acknowledge that iSelf may use the information on this claim form to assess and process this claim.
- ☐ I understand that this form can only be used in conjunction with iSelf's Healthy Lifestyle Program.
- ☐ I confirm the services submitted on this claim form were performed by the providers, and received by the persons named on this form.
- ☐ I declare these services cannot be claimed from worker's compensation, a third party or any other source.

Signature:

Date: / /

TREATING DOCTOR DETAILS

This section is to be completed by the health professional recommending the program only

Doctor name: _____

Doctor's speciality and name of practice: _____

What is the patient's health condition? _____

What goals need to be achieved? _____

What course of action/treatment is recommended? _____

Recommended Health Management Program period:

From: / /

To: / /

I acknowledge that I have recommended to the above patient, who is under my care, a 'Health Management Program' for the treatment of a health related condition.

Health Professional's Signature:

Date: / /

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Please note: benefits are payable for gym membership fees (visits) only when the membership or visits to a gym are required to enable the iSelf member to undertake a health management program for the treatment of a health related condition and all supporting documentation required by iSelf in relation to the health management program has been completed in the manner required by iSelf.