

# Gym Membership/Exercise Class Form

**The gym membership/exercise classes must be recommended by a health care professional, such as your GP, to manage a specific health condition(s) and must be conducted by a personal trainer.**

**Note:** Exercise/lifestyle classes and therapies such as Yoga, Pilates, Dance Class and Tai Chi are not covered.

## What you need to do:

You can claim benefits towards gym memberships or exercise classes if your policy includes benefits for Health Maintenance services. Here's how to claim:

1. Complete this form
2. Have your health provider complete all fields, as required
3. Submit this form via the Frank app or email to [frank@frankhealthinsurance.com.au](mailto:frank@frankhealthinsurance.com.au)
4. Itemised invoices, that have been paid in full, must be supplied at the time of claim.
5. Benefits will not be paid for services provided before the date noted on this form.

### TO BE COMPLETED BY THE PATIENT

Member number

Who is this claim for?

First name

Last name

Address

Suburb

State

Postcode

Phone number or email address

Date of birth

### TO BE COMPLETED BY THE RECOMMENDING HEALTH CARE PROVIDER

Health provider name

Provider number

Speciality

Address

Suburb

State

Postcode

Provider phone number

RECOMMENDING HEALTH CARE PROVIDER SECTION CONTINUED

What is the prescribed exercise class/gym or treatment?

What is the specific health condition(s) the above treatment is aimed to manage?

- ☐ Arthritis
- ☐ Asthma
- ☐ Body mass index (BMI) over 26 for adult or unhealthy for children
- ☐ Diabetes
- ☐ Cardiac conditions
- ☐ Muscular skeletal disorder
- ☐ Rehabilitation
- ☐ Other - please specify below

I recommend this treatment to be completed over the following time period:

weeks  
OR  
months

**Note:** A new form will need to be completed in one year, this recommendation is only valid for 12 months.

I confirm that this patient is under my care, and as part of their treatment I recommends the above program. I declare that the participation by the member is intended to manage the specified health condition(s) that I have disclosed above and that all the information contained within this form is true and correct. I agree to be contacted by Frank Health Insurance for further information to support the members claim.

Health provider's signature

Date