

Healthy Weight for Life™ Authorisation and Claim Form

IMPORTANT INFORMATION FOR MEMBERS

This letter contains the information for your Healthcare Provider. Please print and take it to your GP / Specialist / Dietitian / Exercise Physiologist / Diabetes Educator / Podiatrist / Physiotherapist / Aboriginal Health Worker.

If your Healthcare Provider approves your participation in the Healthy Weight For Life Program please ask him or her to complete the authorisation form: Healthy Weight For Life so you can make a claim.

Members should call HCF to find out about their available Health Management Program benefits on 13 13 34.

Dear Healthcare Provider

HCF is committed to helping those members whose weight is putting them at increased risk of developing one or more of the chronic conditions linked to being overweight. HCF is assisting members by providing benefits towards the cost of a proven, evidence based, remotely delivered weight loss and lifestyle modification program called Healthy Weight For Life. The Healthy Weight For Life program is scientifically based, compatible with the NHMRC Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults and is consistent with current published medical research on weight management interventions.

Under the HCF Health Management Program members can claim towards a self-funded Healthy Weight for Life program if they have

- BMI of $\geq 30 \text{ kg/m}^2$
- BMI of $\geq 27 \text{ kg/m}^2$ with risk factors such as hypertension, dyslipidaemia, cardiovascular disease, diabetes, smoking and waist circumference outside target limits for ethnicity

HCF provides the Healthy Weight for Life program AT NO CHARGE to eligible members who have type 2 diabetes or cardiovascular disease, and who have a body mass index (BMI) ≥ 30 . Details see: www.hcf.hwfl.com.au or <http://hcfheart.hwfl.com.au>.

The Healthy Weight For Life program integrates the following components:

1. **KicStart™** – a unique, nutritionally complete VLCD (Very Low Calorie Diet) shake. KicStart™ has been thoroughly tested in a number of independent university and hospital clinical trials across Australia.
2. **The TEMplate System™** – a comprehensive eating and activity modification program that has been developed by expert Australian dietitians to teach patients how to achieve long term weight management.
3. **Online coaching and education** – a planned sequence of lectures to help guide patients through each phase of the 18 week program. An independent expert panel has reviewed and approved all material prior to the commencement of the program.
4. **Personalised online self monitoring and tracking system** – a secure site where patients can record their results and track their progress (including their weight, waist, BP, cholesterol & HbA1c). A summary table of their results can be downloaded and printed out to be shared with you or the other relevant members of their healthcare team.
5. **Personal telephone support, motivation and advice** – inbound and outbound calls by a team of allied healthcare professionals to ensure members are making progress and achieving their goals.

At every stage of the program members are advised that the information provided does not replace the specific advice given to them by their own healthcare professional or medical practitioner. They are urged to consult their supervising healthcare provider before commencing this program and to attend regular checkups to keep their entire healthcare team updated with their progress.

For more information on this program, please go to www.phs.hwfl.com.au.

The Healthy Weight For Life program is managed for the HCF Group by:
Prima Health Solutions Pty Ltd, phone: 1800 226 180, email: hwfl@hwfl.com.au.

Healthy Weight for Life™ Authorisation and Claim Form



Under the HCF Health Management Program members can claim towards a self-funded Healthy Weight for Life program and graduates of the full Healthy Weight For Life program may claim for KicStart™ VLCD. These benefits are claimable if you have available limits and your Healthcare Provider declares your participation is medically appropriate. Please submit this completed form along with receipts for your Healthy Weight for Life program or Confirmed Program Graduate KicStart™ VLCD to any HCF branch or mail HCF, GPO Box 4242, Sydney NSW 2001.

Complete and send to:
HCF
GPO Box 4242
Sydney NSW 2001

HWFL GI12365 Mar 2010 HCF

Section 1 – Claimant's details

Please use capital letters

HCF Membership No.

Date of birth (Day/Month/Year)

First name

Surname

Section 2 – To be completed by your GP / Specialist / Dietitian / Exercise Physiologist / Diabetes Educator / Podiatrist / Physiotherapist / Aboriginal Health Worker.

Healthcare Provider's Name

Medicare Provider Number

Postcode

Telephone Number including area code

Claimant's Weight kg

Claimant's Height m

Claimant's Waist Circumference cm

Claimant has:

Completed a full Healthy Weight For Life program (certified by Prima Health Solutions)

BMI of ≥ 30 kg/m²

BMI of ≥ 27 kg/m² with risk factors, eg. hypertension, dyslipidaemia, CVD, diabetes, smoking, waist circumference outside target limits for ethnicity.

Declaration (to be completed by the healthcare provider)

In my opinion it is medically appropriate and safe for this member to participate in the Healthy Weight for Life™ program.

Healthcare Provider's Signature

Date

Declaration and Authority (to be completed by the member)

I declare all information provided by me in support of this claim to be true and correct and that all persons covered by this policy whose privacy rights may be affected have been made aware of the HCF Group Privacy Policy. All goods and/or services were received by the patient and administered by the provider shown. No ancillary benefits are being claimed from HCF that have been, or will be, claimed from Medicare Australia. The patient was not aware of any symptom related to the condition for which benefits are claimed, before joining HCF or transferring to current level of cover. I acknowledge that HCF may need to disclose details of this claim to third parties to establish the correct benefit entitlement and I authorise, and have the consent of the patient, where necessary, to authorise HCF to contact the provider and to access any information needed to verify this claim. I acknowledge that HCF otherwise deals with personal information of patients in accordance with its privacy policy. I confirm I was a financial member of HCF when these goods and/or services were provided and I am authorised to submit this claim as the contributor or contributor's nominated partner on the policy.

Signature of Member

Date

Privacy

How HCF collects, uses, keeps and secures personal information is described in the HCF Group Privacy Policy. For a copy of this policy, visit a branch, call 13 13 34 or log onto www.hcf.com.au.



More for members.

The Hospitals Contribution Fund of Australia Limited. ABN 68 000 026 746 AFSL 241 414
HCF Life Insurance Company Pty Limited. ABN 37 001 831 250 AFSL 236 806
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Telephone: 13 13 34. Postal Address: GPO Box 4242, Sydney NSW 2001
E-mail: service@hcf.com.au Internet: www.hcf.com.au



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