

Declaration of Condition

Please fill out this form if you're applying for benefits for:

- Gym equipment (health management program)
- Fitness programs (health management program)
- Medications usually used as contraceptives
- Health aids

Member number:

Patient name:

Outline of medical condition or injury:

Estimated date of diagnosis: / /

Date doctor advised start of health management plan: / /

Name of referring practitioner:

Practice name:

Practice phone:

Recommended treatment by referring practitioner:

Anticipated length of treatment: (maximum approval is 12 months)

Statement of declaration

I declare that the information I have provided is true and correct and I understand that it may be used by Peoplecare for auditing purposes.

Signed:

Date: