Locked Bag 23 Wollongong NSW 2500
Phone: 1800 027 299
Fax: 1300 309 704
Email: info@myrbhs.com.au
Web: www.myrbhs.com.au

Declaration of Condition Form

Please complete this form when applying for benefits for the following:

1. Fitness programs (Health Management Program)
2. Medications that can be commonly used as contraceptives
3. 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: ....

Name of practice: ....

Practice phone: ....

Recommended treatment by referring practitioner:

....

....

....

Anticipated length of treatment: ....
Note: maximum approval is 12 months

Statement of declaration

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

Signature: .... **Date:** ……/……/……