mbf health
Take a positive step

MBF Living Well Programs approval form

Please complete this form using black ink and print well within the boxes in CAPITAL LETTERS.
Leaving a question blank may delay the processing of this form.

For customers with a level of Extras Cover that includes MBF Living Well Programs.

To be eligible for MBF Benefit, the gym, yoga, or Pilates program must intend to prevent or relieve a specific health condition or conditions.

This form should be completed by your GP or MBF Recognised Provider such as a physiotherapist, chiropractor or occupational therapist and is valid for a maximum of 12 months from the date the approval is signed. Please note that GP consultations are not covered by MBF.

Please provide the original gym membership, yoga or Pilates account or receipt with this approval form at an MBF Centre or mail to: MBF Express Mail Claim Service, Reply Paid 9809, GPO Box 9809, Brisbane QLD 4001 (no postage stamp required).

For full details of MBF's Living Well Programs, please see our Helping you stay healthy flyer

Section A: Patient details

MBF Policy number *(This can be found on your MBF card)*

Surname

First name

Initial Title Date of birth D D / M M / Y Y Age

Section B: MBF Recognised Provider details

MBF provider number *(if known)*

Provider specialty

Provider name

Address of Provider

Unit number Street number PO Box number

Street name

Suburb

State Postcode

Contact phone number

Section C: Treatment details

Health condition(s) intended to prevent or relieve.

Section F: Declaration

I certify that the gym/yoga/Pilates (please circle as appropriate) program is intended to prevent or relieve a specific health condition or conditions for the customer/s listed above and all the information on this form is true and correct.

Recognised Provider/General Practitioner signature

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D D / M M / Y Y

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