Compression Therapy
Private Health Insurance Rebate Claim

(For either **JINNI** or **JOBST** garments)

Date:

Health Fund Name:

Health Fund Number:

Mr/Mrs/Ms……...is currently suffering with

……..……

I recommend a Compression Support Garment and/or Medical Compression Hosiery to be worn to alleviate this condition.

Mr/Mrs/Ms……..has an extras cover as part of their policy with you and is looking to claim for this/these item(s) under “Aids and Appliances / Orthoses / Splints / Compression / Medical and Surgical Garments” .

Kind regards,

Signature: _____
Date: _____