



THE AUSTRALIAN
Feldenkrais
Guild
 INCORPORATED

ABN No. 19 518 898 438

(Letterhead and template supplied by The Australian Feldenkrais Guild Inc.)

Announcement to Health Fund By a Member

To The Chief Executive Officer,

The Australian Feldenkrais Guild is supporting me in my endeavor to acquire rebates from your Fund for the services I am receiving from my Feldenkrais Practitioner –

Practitioner's name:

Many Health Funds rebate The Feldenkrais Method®. (Attached is a list of Funds that do rebate.)

As a member of your fund I ask that you rebate me for the services I receive from my Feldenkrais Practitioner.

- 1. I have suffered from chronic pain.....Y/N
 for (time).....
- 2. I have suffered a disability.....Y/N
- 3. I have seen another therapist for this pain/disability.....Y/N
- 4. Other Therapists include
-
-
- 5. The benefits I received from other therapists were.....
-
-
- 6. The reason I choose to see a Feldenkrais Practitioner
-
-
-
- 7. The benefits to my health since Feldenkrais include.....
-
-
-

I urge my Health Fund to rebate The Feldenkrais Method which is proving to be very beneficial to my health and is making a significant contribution to the improvement of my functional difficulties.

Name:

Membership Number:

Signed: Date: