

Compression Therapy  
Private Health Insurance Rebate Claim



Date: \_\_\_\_\_

Health Fund Name: \_\_\_\_\_

Health Fund Number: \_\_\_\_\_

Mr/Mrs/Ms \_\_\_\_\_

is currently suffering with \_\_\_\_\_

I have recommended that a \_\_\_\_\_  
Compression Garment be worn, to alleviate the discomfort associated with  
this condition.

Mr/Mrs/Ms \_\_\_\_\_

has extras cover as part of their policy with you and is looking to claim for  
this/these item(s) under "*Aids & Appliances / Orthoses / Splints /  
Compression / Contour Garments*".

Kind Regards,

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Profession: \_\_\_\_\_

Provider Number: \_\_\_\_\_

*JINNI MD™ Compression Garments* are  
Australian owned by WallCann Pty Ltd and  
are an approved Medical Device under the  
*Australian Therapeutic Goods Act.*

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