

Please return this application to HealthPoint Claims via email to healthpoint@healthpointclaims.com

Important Note – if you are adding a *New Provider*, *Changing a Provider Name* or *Changing the Practice Address* you must attach a copy of each providers **Medicare Australia Provider Letter / HPOS Printout** or **Medibank Private letter** as applicable (**refer to page 2 for details**), allow 2-3 working days for the processing of New Provider(s). (**Note:** this timeframe does not apply to all Health Funds, some may take longer to process registration details.)

<input type="checkbox"/>	Add new provider	Sections 1, 2,3 and 4 and attach provider letter	<input type="checkbox"/>	Change Bank Account details	Sections 1; 2 – name of account, BSB number, account number; section 4
<input type="checkbox"/>	Change provider's name	Sections 1, 2 – Name, provider number; Section 4 and attach provider letter	<input type="checkbox"/>	Change Statement Address	Sections 1 and 4
<input type="checkbox"/>	Delete provider	Sections 1; 2 – Name, provider number; Section 4	<input type="checkbox"/>	Change of Address	Sections 1, 2, 3 and 4 and attach provider letter(s)

Section 1 – Your Practice Details

Customer ID **SUN**

This information will be used to update your record with HealthPoint Claims

Practice Trading Name		Contact Phone Number
Title	Practice Administrator Name	Contact email Address

Electronic Statements Email Address. Where would you like the billing and claiming statements emailed to?

Practice Administrator email as entered above?

If the Practice Administrator email is not being used then please ensure you nominate a contact person and email address below to receive the statements.

Nominated Contact Name	Nominated Contact email Address
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These details will be used to update all records. HealthPoint will securely email your monthly statements to the details given above.

Section 2 – Provider Details

When adding a provider or changing a provider name – provider letter **MUST** be attached

<input type="checkbox"/>	Add Provider	Name of provider <small>(enter name as appears on Provider Letter)</small>	<input type="text"/>
<input type="checkbox"/>	Change name	Provider Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Delete provider	Modality	<input type="text"/>
<input type="checkbox"/>	Change Bank Acct	Name of account	<input type="text"/>
		BSB	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<input type="checkbox"/>	Add Provider	Name of provider <small>(enter name as appears on Provider Letter)</small>	<input type="text"/>
<input type="checkbox"/>	Change name	Provider Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Delete provider	Modality	<input type="text"/>
<input type="checkbox"/>	Change Bank Acct	Name of account	<input type="text"/>
		BSB	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<input type="checkbox"/>	Add Provider	Name of provider <small>(enter name as appears on Provider Letter)</small>	<input type="text"/>
<input type="checkbox"/>	Change name	Provider Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Delete provider	Modality	<input type="text"/>
<input type="checkbox"/>	Change Bank Acct	Name of account	<input type="text"/>
		BSB	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 3 – Change of Address Details

New Practice Address	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
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Section 4 – Authorised Signature

- this form must be signed by a person with authority to sign and provide bank details for all providers listed. HealthPoint Claims will provide these details to participating health funds

Signature	<input type="text"/>	Name	<input type="text"/>
		Email	<input type="text"/>
		Date	<input type="text"/>

Privacy Statement

All personal information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at www.healthpointclaims.com.au/privacy-policy or by calling us on 1300 301 692. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information but, if you don't, we may not be able to process your application or request.

Provider Letter Requirements when Adding or Changing provider details.

Attach a copy of each Provider’s confirmation of registration for this practice and modality as detailed in the table below.

Provider Modality		Documentation Required
Audiologists Chiropractors Dentists Dental Hygienists* Dental Prosthetists Dental Specialists Dental Therapists* Dietitians Exercise Physiologists	Occupational Therapists Optometrists Optical Dispensers Oral Health Therapists* Osteopaths Physiotherapists Podiatrists Psychologists Speech Pathologists	A Medicare Australia Provider Letter for the Registered Address of the Practice, OR A printout of the HPOS Medicare Registration Status for the Registered Address of the Practice with the date/time stamp of access visible. *Please provide the Medicare Provider Letter / HPOS Printout that shows your Medicare Provider number you use for PRIVATE billing.
General Practitioners Nurse Practitioners		Not Required
Acupuncturists Counsellors	Myotherapists Remedial Massage Therapists	A Medibank Private Provider Letter for the Registered Address of the Practice AND a current Certificate of Registration from each Provider’s professional association.