HealthPoint Claims

TYRO : PROVIDER DETAILS FORM

Please return this application to Tyro Payments, Email to healthenquiries@tyro.com

UNRESTRICTED DOCUMENT

Important Note – if you are adding a *New Provider, or updating a Provider Number* for your HealthPoint Claims terminal you must also supply the provider's **Medicare Australia Provider Letter / HPOS Printout** or **Medibank Private** letter as applicable **(refer to page 2 for details)**, this will enable us to provide quick and accurate registration with the Health Funds. Allow 2-3 working days for the processing of this application. (**Note**: this timeframe does not apply to all Health Funds, some may take longer to process registration details.)

Please tick box relevant to your request:

1. ☐ Amend Provider Details **2.** ☐ Change Bank Account Details **3.** ☐ Change Statement Contact Details

Section 1 – Your Practice Details

(This information will be used to update your practice details)

Tyro MID or HealthPoint ID

Practice Name

Contact Number

Practice Administrator

Title | **First Name** | **Last Name** | **Email Address**

Section 2 – Provider Details **(All Areas must be completed)**

1 ☐ Add Details** ☐ Change Details** ☐ Delete Details

**Provider letter required if adding or changing provider number

Name of Provider — **Title** | **First Name** | **Last Name**

Name of Account | Service Type

Provider Number | BSB Number | Account Number

2 ☐ Add Details** ☐ Change Details** ☐ Delete Details

**Provider letter required if adding or changing provider number

Name of Provider — **Title** | **First Name** | **Last Name**

Name of Account | Service Type

Provider Number | BSB Number | Account Number

3 ☐ Add Details** ☐ Change Details** ☐ Delete Details

**Provider letter required if adding or changing provider number

Name of Provider — **Title** | **First Name** | **Last Name**

Name of Account | Service Type

Provider Number | BSB Number | Account Number

4 ☐ Add Details** ☐ Change Details** ☐ Delete Details

**Provider letter required if adding or changing provider number

Name of Provider — **Title** | **First Name** | **Last Name**

Name of Account | Service Type

Provider Number | BSB Number | Account Number

Section 3 - Electronic Claiming Statements Email Address - Mandatory Section

Where would you like billing and claiming statements emailed to? Practice administrator email as entered above? Yes

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

Nominated Contact Name | Nominated Email Address

☑ **These details will be used to update all records**
HealthPoint will securely email you your monthly statements at the start of each month to the details supplied above

Section 4 – Authorised Signature

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

Signature

Title

Name

Email

Date

See our Privacy Statement next page

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 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
AMH Social Worker 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.