

SECTION C: List of providers in practice you wish to add

Please list all providers who wish to participate in the Bupa Medical Gap Scheme at your Practice, where payment will be made to bank account information outlined in practice banking details section D. If there is not enough space below, please enclose a separate page stating the Provider name, number and address of each as indicated below.

No Gap practitioner: No Gap practitioners accept the higher Scheme rate as full payment for the patient episode of care, and no out-of-pocket (gap) costs can be charged.

Known Gap practitioner: Known Gap practitioners are able to charge a Known Gap, in addition to the Bupa Medical Gap Scheme benefit. The practitioner can charge a maximum Known Gap of up to \$500 over a whole episode of care. The Known Gap Scheme is only available in a Public Hospital where the service is related to a planned admission and an electronic eligibility check has been conducted by the Hospital at least 2 days prior to admission as outlined in the Terms and Conditions available at bupa.com.au/for-providers.

The selection of No gap or Known gap needs to be made per provider.

1. Provider name

Provider number

AHPRA registration number

Practice address

Postcode

I/We wish to be registered (you can ONLY select one, not both):

 No gap OR Known Gap

2. Provider name

Provider number

AHPRA registration number

Practice address

Postcode

I/We wish to be registered (you can ONLY select one, not both):

 No gap OR Known Gap

3. Provider name

Provider number

AHPRA registration number

Practice address

Postcode

I/We wish to be registered (you can ONLY select one, not both):

 No gap OR Known Gap

4. Provider name

Provider number

AHPRA registration number

Practice address

Postcode

I/We wish to be registered (you can ONLY select one, not both):

 No gap OR Known Gap

Acknowledgment

I acknowledge that I am in private practice and not employed or being paid by any other entity for the work I am billing Bupa for.

SECTION D: Practice banking details

Name of institution

Branch

Account holder's name

BSB number/Bank account number

Important Notice

Bupa HI Pty Ltd (Bupa) will not accept any responsibility for payment if the bank details you provide are incorrect. If at any stage you would like to change your bank account details we require 14 days written notice. Simply complete a change of details form. This form is available at bupa.com.au/for-providers. Payment by Bupa in accordance with the bank details provided by you will constitute an effective discharge of the debt.

Direct credit authorisation

If there is more than one provider or signatory to the account, two signatures are required.

Name

Name

Authorised signature

Date

Authorised signature

Date

SECTION E: Portal Access

Please complete this section for access to the Bupa Partner Portal to view your statements via our website. If you are manually submitting a claim you can choose to have access via the Bupa partner portal.

This section is to be completed by the designated Site Administrator.

Title (Mr, Mrs, Ms etc)

Email

First name

Phone number (including area code)

Surname

Fax number (including area code)

Or

Add to existing portal access

Declaration

To ensure the privacy and security of your details and of Bupa's information systems and, to minimise the risk of any problems or service interruptions, the designated Site Administrator hereby agrees to:

- maintain the security and confidentiality of any user names or passwords it receives from Bupa,
- promptly inform Bupa of staff changes,
- inform Bupa immediately if a password is lost or compromised.

The Site Administrator acknowledges that Bupa is not responsible or liable for any problems, service interruptions or losses associated with the performance or failure of the information systems (whether owned or leased), the Site Administrator uses to access the Bupa Partner Portal.

Should you require further information, please contact the Operations Team on 1800 060 239.

