Bupa Medical Gap Scheme Registration Form



When completing this form:

- 1. Please complete this form USING BLACK INK and write within the boxes in CAPITAL LETTERS.
- 2. Mark appropriate answer boxes with a CROSS.
- 3. Read the declaration and sign all the signature panels required. Please allow up to 30 days for your change of details form to be processed.
- 4. Return this form by email to provopsmedical@bupa.com.au

SECTION A: Practice details

How do we promote you? (For publication on web)	How do we contact you? (Not for Publication)
Provider name	Contact person's name
Practice name	Contact person's position
Practice address	Contact person's phone number
	Contact person's email address
	contact@billingplus.com
Postcode	Postal address (if different from Practice address)
Practice email address	
Practice phone number	
	Postcode
Practice web address	
Area of speciality	

SECTION B: Publication of your details by Bupa

As part of promoting the Bupa Medical Gap Scheme, when you register and become a Scheme Provider, you agree that Bupa may publish or distribute, by any means, information about your participation in the Scheme. This includes, but is not limited to, information identifying you as a Provider registered for the Scheme including contact details, information about your participation in the Scheme, and the location(s) at which you practice.

This information may be distributed to Bupa customers, including without limitation, in any Bupa approved media or materials, including on any Bupa website or Mobile App, via call centres and retail centres or affiliated partner websites.

The provision of this information is to allow Bupa customers and referring Providers to be able to identify Providers who are registered under the Scheme, to help reduce out of pocket expenses for customers. You acknowledge that Bupa may also advise customers to ask you about the Medical Gap Scheme and any Known Gaps when they contact you.

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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	3. Provider name
Provider number	Provider number
AHPRA registration number	AHPRA registration number
M E D	MED
Practice address	Practice address
Postcode	Postcode
I/We wish to be registered (you can ONLY select one, not both):	I/We wish to be registered (you can ONLY select one, not both):
X No gap OR X Known Gap	🗙 No gap OR 🔀 Known Gap
2. Provider name	4. Provider name
Provider number	Provider number
AHPRA registration number	AHPRA registration number
M E D	MED
Practice address	Practice address
Postcode	Postcode
I/We wish to be registered (you can ONLY select one, not both):	I/We wish to be registered (you can ONLY select one, not both):
No gap OR Known Gap	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.

SECTION F: Privacy notice and declaration

Bupa HI Pty Ltd ("Bupa") collects your personal information to enable your registration for the Bupa Medical Gap ("Scheme") and to administer your ongoing participation in the Scheme. Bupa may disclose a Providers' information on a confidential basis to our related companies within the global Bupa Group of companies. Bupa may also disclose a Providers' information to Government or regulatory bodies or as otherwise required or permitted by law.

Providers can access the personal information we hold about them by emailing us at provopsmedical@bupa.com.au. Providers should refer to Bupa's Information Handling Policy (available at bupa.com.au) for further details on how we handle personal information, or how to make a complaint.

Declaration: I have read and agree to be bound by the relevant Bupa Medical Gap Scheme Terms and Conditions, available at bupa.com.au/for-providers, as amended from time to time. I consent to the handling of my information as outlined in the privacy notice (above) and section B. I declare that all information I have provided is true and correct.

Authorised name	Authorised position
	K B MEDICAL ADMINISTRATION
	PRINCIPAL
Authorised signature	Date

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