



BUPA MEDICAL GAP SCHEME APPLICATION FORM



Simply complete and return this form by email to provopsmedical@bupa.com.au

SECTION A: Practice details

Practice name

Contact person

Practice address

Contact phone number

Contact fax number

Postcode

Email address

Postal address (if different from above)

Area of speciality

Postcode

For public hospital providers please indicate whether you are:

Sessional (visiting) Salaried

SECTION B: Bupa Gap Scheme Options*

I/we wish to be registered as a:

No Gap practitioner

Known Gap practitioner

No Gap practitioners who use the Medical Gap Scheme accept the Bupa benefit as full payment for the episode of care, with no extra fees to the member.

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.

***If no selection is made for scheme options, Bupa will register all providers as No-Gap.**

SECTION C: Publication of your details by Bupa

As part of promoting the Bupa Medical Gap Scheme (Scheme) when you register and become a Scheme provider, Bupa will publish and distribute information about your participation in the Scheme. This includes information identifying you as a practitioner registered for the Scheme, information about your utilisation of the Scheme and the location(s) at which you practice, including any contact details. This information may be distributed to Bupa members and published in any Bupa media or materials, including on any Bupa website.

If you do not wish to be included in this type of promotion, please indicate below. Bupa will otherwise handle your information in accordance with the privacy statement in section I.

Please do not publish or distribute my/our details or information relation to my participation in the Bupa Medical Gap Scheme.





SECTION D: Practice banking details

Name of institution

Branch

Account holder's name

BSB number

Bank account number

Please return with a bank deposit slip, cancelled cheque or bank statement to verify your account details.

SECTION E: Direct credit authorisation

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

Authorised Signature

Date

Authorised Signature

Date

SECTION F: Important notice

Bupa Australia 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. Payment by Bupa in accordance with the bank details provided by you will constitute an effective discharge of the debt. Bupa will only collect your information in order to establish and maintain a relationship with you as a Bupa Medical Gap Scheme provider. You may request access to this information by calling Bupa on 134 135.

SECTION G: Remittance advice

Complete the Bupa Partner Portal Access Form to view your statements via our website. This form is available at bupa.com.au/for-providers.



