BUPA MEDICAL GAP SCHEME APPLICATION FORM

Simply complete and return this form.
Fax this application to **(03) 9937 4419**

SECTION A: Provider details

Practice name

Provider name

Provider number

(If more than one please complete the schedule on the reverse side of the form)

Practice address

Postcode

Postal address (if different from above)

Postcode

Contact person

Contact phone number

Contact fax number

Email address

Area of speciality

For public hospital providers please indicate whether you are:

X Sessional (visiting) X Salaried

X I hereby consent to Bupa Australia Pty Ltd (**Bupa**) informing its customers that I am a Bupa Medical Gap Scheme provider, of the locations at which I practise and information about my use of the Bupa Medical Gap Scheme. I acknowledge that Bupa may publish the fact that I am registered as a Bupa Medical Gap Scheme provider, the locations at which I practise and information about my use of the Bupa Medical Gap Scheme on its websites and in related publications.

SECTION B: Banking details

Name of institution

Branch

Account holder's name

BSB number -

Bank account number

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

SECTION C: Direct credit authorisation

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

Authorised Signature

Date D D M M Y Y

Authorised Signature

Date D D M M Y Y

HBA, MBF and Mutual Community are part of Bupa

Bupa Australia Pty Ltd
ABN 81 000 057 590

SECTION D: 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. To view our Information Handling Policy, call 134 135 or visit bupa.com.au

SECTION E: Remittance advice

Complete the Bupa Medical Benefit Statement Access Form to view your statements via our website.

SECTION F: Additional providers

Provider name

Provider number