BUPA MEDICAL GAP SCHEME - CHANGE OF DETAILS FORM

Complete only the section(s) below that need updating, and email this form to provopsmedical@bupa.com.au

SECTION A: Existing practice details

Practice name

Practice ID

SECTION B: Change of contact details

Address

Postcode

Postal address (if different from above)

Postcode

Contact person

Contact phone number

Contact fax number

Email address

SECTION C: Change of EFT details

Name of institution

Branch

Account holder's name

BSB number -

Bank account number

Please attach a bank deposit slip, cancelled cheque or bank statement for verification purposes.

SECTION D: Providers you wish to remove

Provider number

1.

2.

3.

4.

5.

6.

7.

8.

Bupa Australia Pty Ltd
ABN 81 000 057 590

SECTION E: Providers you wish to add

It is a requirement that you provide Bupa with the details of all the provider names, numbers and locations in your practice. If there is not enough space below, please enclose a separate page stating the Provider name, number and address of each as indicated below.

1. Provider name

Provider number

Practice address

Postcode

2. Provider name

Provider number

Practice address

Postcode

3. Provider name

Provider number

Practice address

Postcode

4. Provider name

Provider number

Practice address

Postcode

SECTION F: Bupa Gap Scheme Options*

I/we wish to be registered as a:

X No 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.

X 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.

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

SECTION G: 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.

X Please do not publish or distribute my/our details or information relation to my participation in the Bupa Medical Gap Scheme.

SECTION H: Declaration

I declare that the details as outlined above are true and correct and that it is my responsibility to notify Bupa Australia Pty Ltd (Bupa) of any future changes. I acknowledge that I must provide Bupa with 14 days written notice of changes to bank account details.

Authorised signature

Date

D D M M Y Y