



# BUPA PARTNER PORTAL ACCESS FORM



Please complete the form using **CAPITAL LETTERS** within the boxes and return the signed form to: [bupaportaladministration@bupa.com.au](mailto:bupaportaladministration@bupa.com.au)

## SECTION A: Existing User Details

User ID	First Name and Surname
<input type="text"/>	<input type="text"/>

## SECTION B: Details of the Site Administrator

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

Title (Mr, Mrs, Ms etc)	Email
<input type="text"/>	<input type="text"/>
First name	Phone number (including area code)
<input type="text"/>	<input type="text"/>
Surname	Fax number (including area code)
<input type="text"/>	<input type="text"/>

## SECTION C: Medical Practice details

**Please complete this section if you are submitting medical claims.**

Practice name	Practice name
<input type="text"/>	<input type="text"/>
Practice ID	Practice ID
<input type="text"/>	<input type="text"/>
Email	Email
<input type="text"/>	<input type="text"/>
Phone number (including area code)	Phone number (including area code)
<input type="text"/>	<input type="text"/>
Practice name	Practice name
<input type="text"/>	<input type="text"/>
Practice ID	Practice ID
<input type="text"/>	<input type="text"/>
Email	Email
<input type="text"/>	<input type="text"/>
Phone number (including area code)	Phone number (including area code)
<input type="text"/>	<input type="text"/>

If you require Site Administrator access for additional Medical Practices, please enclose a separate page with the full Practice details.



