



# Application For Provider Recognition



Please return the completed application together with all supporting documents via e-mail to:

Bupa  
Provider Recognition, Registration and Operations  
Email: ProvopsAncillary@bupa.com.au

Should you require any further information regarding provider recognition, registration and provider operations, please call the team on 1800 060 239.

## SECTION A: Provider recognition

I wish to apply for Bupa provider recognition for:

<input type="checkbox"/> Optical Dispensing	<input type="checkbox"/> Orthotist	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Lactation consultant
<input type="checkbox"/> Midwifery	<input type="checkbox"/> Other	<input type="text"/>	

## SECTION B: Your details

Surname <input type="text"/>	ABN <input type="text"/>
First Name <input type="text"/>	Practice address <input type="text"/>
Title <input type="text"/>	Suburb <input type="text"/>
Initial <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
Company name <input type="text"/>	Work phone (including area code) <input type="text"/>
Trading or business name (if applicable): <input type="text"/>	Mobile <input type="text"/>
Position title: <input type="text"/>	Fax number (including area code) <input type="text"/>
	Email <input type="text"/>





## SECTION E: Citizenship, residency and language skills

I am an Australian Citizen or Permanent Resident

Yes  No

I can speak English fluently\*

Yes  No

\*(for the purpose of communicating adequately with patients for diagnosis and treatment) - Please attach IELTS and VETASSESS or OQU assessment for overseas qualified applicants.

## Acknowledgement/Undertaking

### Privacy Statement

We will only collect personal information that we require to assess your eligibility to be a Bupa recognised provider, to register you as a Bupa recognised provider, to provide, manage and administer our products and services (including processing claims on behalf of our members) and to operate an efficient and sustainable business. From time to time, we will use your information (including claims data for services you have provided) to verify that your services have been provided and claimed in accordance with the law and Bupa's Ancillary Provider Terms. We collect information about you each time we receive a claim for services you have provided and when you contact us. We may disclose your information to our related entities, and to third parties including government and regulatory bodies, and any persons or entities engaged by us or acting on our behalf. We may disclose your information to Bupa customers (for example, when they make enquiries about claims), and may refer to you as a Bupa recognised provider. If you do not provide us with the information we require, we may be unable to register you as a Bupa recognised provider or review your application. If you have any questions, you should refer to Bupa's Ancillary Provider Terms or contact the Bupa Provider Recognition, Registration and Operations Team on 1800 060 239.

I declare that the details provided on this application are true and correct.

I understand that the lodgement of this application does not automatically grant recognition by Bupa as a provider for benefit purposes.

I confirm that I meet all accreditation requirements applying to a healthcare provider of the treatment which I provide.

I have read and agree to abide by *Our Ancillary Provider Terms* ('Ancillary Provider Terms') available on [www.bupa.com.au/for-providers](http://www.bupa.com.au/for-providers), and agree that the *Ancillary Provider Terms* govern our/my relationship with Bupa.

I understand that Bupa may end its recognition, as set out in the *Ancillary Provider Terms*.

I agree to co-operate to enable Bupa to make enquiries about the qualifications, certification, and professional conduct of me/us and contractors, as reasonably required.

I acknowledge that I/we meet all Bupa requirements, available online at [www.bupa.com.au/for-providers](http://www.bupa.com.au/for-providers).

I understand that Bupa reserves the right to review its recognition requirements and Our Ancillary Provider Terms and may set further requirements from time to time. I agree to check online at [www.bupa.com.au/for-providers](http://www.bupa.com.au/for-providers) to ensure that I am aware of and continue to meet Bupa requirements and Our Ancillary Provider Terms.

I confirm that I have attached all additional documentation, as outlined within the Checklist below. I agree to provide further information and documentation to Bupa on request.

Signed

Date

Name (please print)

## CHECKLIST - Please ensure you also attach the following documents to this Application Form:

Professional Indemnity Insurance

Product Liability Insurance

First Aid Certificate

Copy of Qualifications

IELTS and VETASSESS/OQU assessment (if relevant)

Sample copy of patient invoice

Copy of professional association membership certificate

Medibank Private Provider Confirmation letter

Evidence of registration with relevant National Board