Health Aids and Appliances Provider Application Form

Please return the completed application together with all supporting documents via email 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 as a Health Aids and Appliances provider.

X I confirm that I sell one (or more) Health Aid/Appliance or Medical Device that is listed under Health Aids and Appliances Providers online at: www.bupa.com.au/for-providers/ancillary/health-aids-and-appliances-providers

X I confirm that I hire one (or more) Health Aid/Appliance or Medical Device that is listed under Health Aids and Appliances Providers online at: www.bupa.com.au/for-providers/ancillary/health-aids-and-appliances-providers

I provide TGA approved Health Aid/Health Appliances or Medical Devices to customers:

X Online only X From a fixed physical location X Both

I supply one or more of the following:

X Nebuliser (Asthma pump)

X Blood Glucose monitor

X Blood Pressure monitor

X Other

Please attach a sample customer invoice and where necessary any additional health aids and appliances on a separate page.

SECTION B: Business details

Company name

Trading or Business name *(if applicable)*

ABN

Business phone number

Email

Website

Business address

Suburb

State Postcode

Business postal address *(if different from above)*

Suburb

State Postcode

Bupa HI Pty Ltd
ABN 81 000 057 590

SECTION C: Authorised Business representative details

Surname

Work phone *(including area code)*

First name

Mobile

Title

Initial

Email

Position tile

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 Health Aids and Appliances you have provided) to verify that Health Aids and Appliances have been provided and claimed in accordance with the law and Health Aids and Appliances Providers – Recognition Terms. We collect information about you each time we receive a claim for Health Aids and Appliances 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 Health Aids and Appliances Providers Recognition 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 declare that I am authorised to enter into this arrangement on behalf of the above mentioned business.

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

I have read and agree to abide by Health Aids and Appliances – Provider Terms available on www.bupa.com.au/for-providers, and agree that the *Health Aids and Appliances – Provider Terms* govern our/my relationship with Bupa. I understand that Bupa may end its recognition, as set out in my/our Health Aids and Appliances – Provider Terms.

I agree to co-operate to enable Bupa to make enquiries about the business operations, certification, and professional conduct of the business applying for Bupa recognition, its employees, owners, directors and contractors, as reasonably required.

I acknowledge that I/we meet all Bupa requirements, available online at www.bupa.com.au/for-providers.

I understand that Bupa reserves the right to review *Health Aids and Appliance Providers – Recognition Criteria, Health Aids and Appliances – Recognition Terms and Compulsory Additional Requirements for Online Health Aids and Appliances Providers* and may set further requirements from time to time. I agree to check online at www.bupa.com.au/for-providers to ensure we are aware of and continue to meet *Health Aids and Appliance Providers – Recognition Criteria, Health Aids and Appliances – Recognition Terms and Compulsory Additional Requirements for Online Health Aids and Appliances Providers.*

I confirm that I have attached all additional documentation. I agree to provide further information and documentation to Bupa on request.

Signed

Date D D M M Y Y Y Y

Name (please print)

Bupa HI Pty Ltd
ABN 81 000 057 590