# Bupa Partner Portal Access Form

Please complete the form using **CAPITAL LETTERS** within the boxes and return the signed form to:
**provopsmedical@bupa.com.au**

## SECTION A: Existing User details

User ID

First name and surname

## SECTION B: Details of the Site Administrator

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

Title (Mr, Mrs, Ms etc)

Email

First name

Phone number *(including area code)*

Surname

Fax number *(including area code)*

## SECTION C: Medical Practice details

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

Practice name

Practice ID

Email

Phone number *(including area code)*

Practice name

Practice ID

Email

Phone number *(including area code)*

Practice name

Practice ID

Email

Phone number *(including area code)*

Practice name

Practice ID

Email

Phone number *(including area code)*

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



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## SECTION D: Hospital Provider details

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

Provider name

Provider number

Street address

Postcode

Email

Phone number *(including area code)*

Provider name

Provider number

Street address

Postcode

Email

Phone number *(including area code)*

If you require Site Administrator access for additional Hospitals, please enclose a separate page with the full Hospital details.

## SECTION E: Partner details

Organisation name

Phone number *(including area code)*

Street address

Postcode

Email

## SECTION F: Declaration

**Declaration**

To ensure the privacy and security of your details and of Bupa's information systems and, to minimise the risk of any problems or service interruptions, the designated Site Administrator hereby agrees to:

- maintain the security and confidentiality of any user names or passwords it receives from Bupa,
- promptly inform Bupa of staff changes,
- inform Bupa immediately if a password is lost or compromised.

The Site Administrator acknowledges that Bupa is not responsible or liable for any problems, service interruptions or losses associated with the performance or failure of the information systems (whether owned or leased), the Site Administrator uses to access the Bupa Partner Portal.

Please return the completed and signed Access Form by email to: **provopsmedical@bupa.com.au**

Should you require further information, please contact the Operations Team on 1800 060 239.

Print name

Job title

Signature

Date

D D M M Y Y Y Y



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