Bupa

Members First

Members First Dental

Change of Details Form

September 2023

Contents

Dental network provider information

As a healthcare leader with over 60 years of experience looking after the needs of more than three million Australians, we can help you help your patients live longer, healthier and happier lives.

We believe that quality healthcare is of the utmost importance whether it's an in-patient hospital setting or out-patient services provided by Allied Health Professionals.

Part of that care is taking the financial pain out of the medical expenses a patient may incur and providing certainty of the contribution a patient may need to make.

Our dental network

Our dental network is designed to give customers peace of mind by providing:

- certainty of known out-of-pocket expenses for all specified dental services at participating clinics
- increased benefits for specified dental services on our eligible extras covers
- on the spot claiming facilities, because our network of general dentists, oral hygienists, dental therapists and oral health therapists (collectively, **Dental Practitioners**) submit claims electronically.

We strive to provide our customers with financial peace of mind, through generous benefits and known out-of-pocket expenses.

Our aim is to make treatments affordable – encouraging our customers to seek treatment when necessary, promoting good health.

Of course, dental practitioners themselves play a pivotal role in providing a positive healthcare experience. We believe this means ensuring our network of dental practitioners are free to utilise their clinical skills and expertise when treating our customers.

To support this, we include the following as core elements of this partnership:

- clinical independence is maintained at all times
- regular fee reviews are undertaken to ensure both the benefits paid by us and the fees charged enable the network to achieve its objectives
- inclusion of dental hygienists, dental therapists, and oral health therapists **(Oral Health Practitioners)** who have a Medicare issued provider number.

Change of details form 2023

1. Please complete this form using black ink and write within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross.
2. Read the declaration and sign all the applicable signature panels.
3. Email your application to provopsnetwork@bupa.com.au
4. To apply for a **new** clinic location, please contact HCM Operations on 1800 060 239.
5. **Previous versions of this form will not be accepted.**
   All areas marked with an **ASTERISK (*)** must be completed.

Bupa
Members First

SECTION A: CLINIC DETAILS

(THIS SECTION IS MANDATORY. All fields must be completed)

Practice ID*

Clinic name*

Principal Provider Details

Provider number*

Provider name*

SECTION B: CHANGE IN CONTACT DETAILS

Please only complete contact details that have changed:

Clinic Manager's name

Postal address

Unit number

Street number

Street name

Suburb

Postcode

Phone number (including area code)

Email address

Website

SECTION C: ADDITIONAL DENTAL PRACTITIONERS IN THE CLINIC

Who accepts the terms of this agreement?

Dental practitioner 1

Provider name

X Dentist X Dental Hygienist X Dental Therapist X Oral Health Therapist

Medicare provider number

Effective date D D M M Y Y

AHPRA registration number

Dental practitioner 2

Provider name

X Dentist X Dental Hygienist X Dental Therapist X Oral Health Therapist

Medicare provider number

Effective date D D M M Y Y

AHPRA registration number

SECTION D: REMOVAL OF DENTAL PRACTITIONERS IN THE CLINIC

Effective date D D M M Y Y

Medicare provider number

Provider name

Effective date D D M M Y Y

Medicare provider number

Provider name

I acknowledge that in requesting the removal of a provider from this Agreement, they have ceased practicing at this clinic.

SECTION E: UNDERTAKING

(THIS SECTION IS MANDATORY. All fields must be completed)

Each dental practitioner in your practice covered by this agreement acknowledges:

- That all information that they provide to Bupa with or in connection with this application form is true and correct and that they will advise us of any change.
- Bupa may, in its absolute discretion, decide whether to accept a dental practitioner as a participant in the Bupa Members First dental network.
- That they have read and understand the Rules of Participation.
- If accepted as a participant in our dental network that they will abide by and comply with the Rules of Participation.
- That we may make minor changes (including minor changes required by law) to these Rules of Participation by updating them on our website. For all other changes to the Rules of Participation, including changes to any of the Tables and/or the Maximum Chargeable Amounts in Table 1, we will give you 28 days' written notice which may be by email, postal mail, text message or via the Bupa Partner Portal.
- That they agree to be bound by the Rules of Participation current at the time.
- All dental practitioners participating in this agreement must sign below.
- That Bupa may publish or distribute details about the practice's and each participating dental practitioner's involvement in the dental network, including any details contained in this application by any means (including any Bupa website).
- The principal provider undertakes that they will ensure that all general dental practitioners and oral health practitioners with a registered provider number practising at the clinic (currently and in the future) will abide by the Members First dental Rules of Participation current at the time.

Signature of Principal Provider*

D D M M Y Y

Signature of Dental Practitioner 1*

D D M M Y Y

Signature of Dental Practitioner 2*

D D M M Y Y

Frequently asked questions

What are the main features of the proposed arrangements and why should I join?

We want to encourage our customers to make dental care a routine part of their lives.

The Bupa Members First dental network gives you the opportunity to offer your patients (our customers) the certainty of known out-of-pocket expenses for specified dental services.

Bupa Health Insurance customers on eligible covers who visit a participating network dental practitioner will have access to higher benefits than from other recognised providers for the specified services listed in Table 1.

In addition, fees and claims can be submitted electronically using electronic claiming terminals such as HealthPoint or HICAPS. Providers simply swipe the customer's card and any 'gap' can be paid on the spot. It's that easy.

At Bupa's discretion, we may also promote these arrangements to our customers. For example, via the internet, or with literature displayed in Bupa centres.

Who is eligible to be part of the network?

If you are a recognised provider, we pay benefits for professional services that you provide in private practice to our customers in accordance with our Fund Rules. If you are a recognised provider, you may also participate in our Bupa Members First dental network.

All general dentists (not board registered specialists), dental hygienists, dental therapists, and oral health therapists (collectively, **Dental Practitioners**) in private practice who are recognised providers and meet and agree to the 'Rules of Participation' are eligible to apply.

Contact us if you're unsure of your eligibility to be part of our network.

Who is this agreement between?

All dental practitioners with a registered provider number at the relevant location will be required to comply with these 'Rules of Participation'.

Acceptance onto the network is determined by Bupa. Providers accepted by Bupa as a participating dental practitioner will be a party to an agreement with Bupa.

How does the agreement relate to Bupa's Ancillary Provider terms?

The Rules of Participation govern your participation in Bupa's Members First network and do not replace Bupa's Our Ancillary Provider Terms which apply to you (and anyone else) who Bupa recognises as a provider of services for whom we pay benefits. You must, however, comply with the Our Ancillary Provider Terms (updated from time to time and available at www.bupa.com.au/for-providers/ancillary/traditional-therapies) in order to be a recognised provider eligible to join or remain in the Members First network.

Do all dental practitioners in the clinic need to participate as a Members First Provider?

In order to ensure consistency for our customers, all dental practitioners with a registered provider number within the clinic must apply to participate in the Members First dental network. Acceptance onto the network for the clinic and each of the providers within the clinic is at Bupa's absolute discretion.

I work in multiple clinics do I need to have an agreement for each clinic?

An agreement with a participating dental practitioner will only apply to the clinic and clinic location identified in the application. If you work in more than one clinic, you will need to apply for Members First participation at each clinic that you want the Bupa Members First arrangements to apply. Acceptance onto the network at each location is at Bupa's discretion.

Am I locked into this arrangement?

The agreement has no fixed term. Your participation in these arrangements can be terminated by you or us with 60 days written notice.

Am I required to inform my patients if Bupa or I terminate this agreement?

We recommend that you inform your patients that you are no longer participating in the Members First Network and standard benefits will still be applicable.

Do I have to charge the Maximum Chargeable Amount at all times for the dental services listed?

To consistently provide our customers with certainty on out-of-pockets expenses, you agree to charge below or at the Maximum Chargeable Amount for the services listed in Table 1.

Fees charged in accordance with the Maximum Chargeable Amount will be accepted as the full fee for the service.

Why does Bupa think quality is important?

We're committed to ensuring customers always receive quality healthcare services. In doing so, we recognise the commitment that dental practitioners have made to being a quality clinic.

Will Bupa restrict customer's choice of dentist?

No, customers are free to go to a provider of their choice. However, higher benefits for the defined services listed in Table 1 will only be available to our customers when they receive services by a dental practitioner participating in these arrangements.

How were the Maximum Chargeable Amounts developed?

The Maximum Chargeable Amounts were developed based on our claims data specific to each state for the services listed in Table 1.

Why do the Maximum Chargeable Amounts differ from state to state for the same services?

The charges vary because policy premiums and fees for dental services differ from state to state. The Maximum Chargeable Amounts were developed using our claims data specific to each state.

How will the Maximum Chargeable Amounts be reviewed?

The Maximum Chargeable Amounts will be reviewed periodically, in accordance with our business needs.

I have a new dentist, dental hygienist, dental therapist or oral health therapist working at my clinic or a dentist, dental hygienist, dental therapist or oral health therapist has left the clinic. How do I update these details?

All general dentists, dental hygienists, dental therapists and oral health therapists with a registered provider number within the clinic must be a party to this Members First Agreement. To notify us of any dental practitioners who have joined of left the clinic, please complete the current Change of Details form and return it to provopsnetwork@bupa.com.au

My provider number was ceased with Medicare and has now been reopened. Do I need to reapply with Bupa to participate in the Members First Network?

Yes, you will be required to reapply if reopening a ceased provider number. Please complete the current Change of Details form and return it to provopsnetwork@bupa.com.au.

What do I do if I have a locum on a regular basis or at short notice?

All locums should be familiar with the requirements and details of operation of the Members First Agreement and abide by the Members First Rules of Participation.

Where it is intended that the services of an individual locum are to be used continuously or regularly for a period of more than 2 weeks, an application for a Medicare provider number for that clinic location should be lodged.

What if I have more than one clinic? Do I have to sign a 'Rules of Participation' for each clinic?

Yes, you will need to sign the 'Rules of Participation' for each individual clinic. Each clinic location is assessed on an individual basis. If a new dental practitioner or locum joins your clinic, please notify us on 1800 060 239.

What if I change the location of the clinic or sell the clinic?

Participation on the network is non-transferable and specific to the approved dental practitioners in the clinic and clinic location. A change in location or principal of the clinic will require a new Rules of Participation application to be completed and assessed. Changes will be assessed on Bupa's business needs.

Will all our customers have access to these arrangements?

Yes, all Bupa customers will have access to these arrangements. Bupa Members First provider network benefits will be available to customers with eligible extras cover (including package products) and in accordance with our Fund Rules.

If I'm a provider with your network can I also be a provider with other health funds?

You can become a provider with other health funds if you choose.

What should I do if I don't have electronic claiming such as HealthPoint or HICAPS?

If your application is approved it is one of the 'Rules of Participation' that you must install and use (at your own cost), an electronic claiming machine before your status as a Bupa Members First dental network provider is effective.

Contact phone numbers

HealthPoint	1800 500 433
HICAPS	1800 805 780

Does the Maximum Chargeable Amount include laboratory costs, hardware, facility costs and GST?

Yes. The Maximum Chargeable Amount (or lower amount charged by you) will be accepted by you as full payment for the services provided and includes laboratory costs, facility costs, prosthetic hardware such as implants and any GST payable.

Do all dental hygienists, dental therapists and oral health therapists in the clinic need to participate as a Members First Provider?

Dental hygienists, dental therapists and oral health therapists who have been issued Medicare provider numbers through Services Australia at the clinic location must apply to participate in the Members First dental network. Acceptance onto the network for the clinic and each of the providers within the clinic is at Bupa's absolute discretion.

Dental hygienists, dental therapists and oral health therapists **who do not** have a Medicare provider number registered at the clinic location may continue to submit claims to Bupa in line with Bupa's current policy.

I am an oral health practitioner and don't have a Medicare Provider number, am I required to register for my own provider number with Medicare?

Not all oral health practitioners will need to have a Medicare provider number. oral health practitioners can continue to have their services quoted or claimed using the supervising dentist's provider number. They will only need to apply for their own provider number in certain situations, such as (but not necessarily limited to) where the practice ownership and employment structure requires, or if they own and operate an independent practice.

Glossary

AHPRA means the Australian Health Practitioner Regulation Agency.

AHPRA Number means the specific registration number allocation by AHPRA/The Dental Board of Australia.

Benefit means an amount of money payable by a private health insurer in respect of a health care treatment eligible for such payment under the *Private Health Insurance Act 2007* (Cth).

Bupa, **we**, **our** and **us** means Bupa HI Pty Ltd ABN 81 000 057 590 and its related bodies corporate.

Customer/Member means a person who holds or is insured under a Bupa health insurance policy.

Dental Practitioner means collaboratively a dentist and/or a dental hygienist, dental therapist or oral health therapist who is a registered provider with AHPRA.

Fund Rules means a person who holds or is insured under a Bupa health insurance policy. The link can be found at www.bupa.com.au/-/media/dotcom/files/pdfs/bupa-fund-rules-full.pdf

Medicare Provider Number/Provider Number means the Medicare Australia issued provider number allocated to eligible Board Registered practitioners specific to their practising location for the purpose of billing for services rendered.

Oral Health Practitioner means or refers to a dental hygienist, dental therapist or oral health therapist who is a registered provider with AHPRA.

Our Ancillary Terms means the criteria which applies when services are rendered to a Bupa customer, the link can be found at www.bupa.com.au/for-providers/ancillary/traditional-therapies

Rules of Participation

Bupa Members First dental network provider

As a Bupa Members First dental network provider, you will provide our health insurance customers with accessible, quality dental services including appropriate advice and information on dental health and prevention.

This agreement will cover all Bupa Health Insurance customers. Bupa customers who visit a participating network clinic will have access to higher benefits than from other recognised providers for the specified services.

Bupa will review your application once it has been received. Bupa may, in its absolute discretion, decide whether to accept an application for participation in the Bupa Members First dental network. Confirmation will be provided by Bupa.

If you practice at multiple locations a separate application must be completed for each location.

To apply and maintain your membership you must be a recognised provider in private practice. Please contact us if you are unsure whether you meet this requirement.

All general dentists (not board registered specialists), dental hygienists, dental therapist and oral health therapists with a registered provider number at the location must apply to be part of the Members First dental network.

Charging

You agree to charge below or at the Maximum Chargeable Amount for the item numbers listed in Table 1. The Maximum Chargeable Amount (or lower amount charged by you) will be accepted by you as full payment for the services provided and includes laboratory costs, facility costs, prosthetic hardware such as implants and any GST payable.

You agree to only charge Bupa customers for goods or services you have provided to them, acting always in accordance with Bupa's Ancillary Provider Terms and these Rules of Participation.

The customer will be responsible for any difference between the Maximum Chargeable Amount and the benefit applicable to the customer's level of cover.

If a Bupa customer has been charged for a payment over the Maximum Chargeable Amount listed in Table 1 a refund of the amount charged over the Maximum Chargeable Amount will be refunded by the provider to the customer within 5 working days of being informed by Bupa or the customer.

We will review the Maximum Chargeable Amounts on a periodic basis and notify you of any changes.

Claiming

You will use an electronic claiming system, such as HealthPoint or HICAPS, for the processing of services.

Services processed through the electronic claiming system must be done so in the presence of the cardholder. Where the system is inoperable, fully itemised invoices must be issued to customers for claiming.

Invoices for professional services must be received by us within two years of the date of service.

All invoices presented to Bupa for the purposes of a benefit must be correct and accurate, including the service details, provider number, patient's name, date of service, service description and tooth ID for services relating to treatment of an individual tooth.

Ancillary Provider Terms

The Rules of Participation govern your participation in Bupa's Members First network and do not replace Bupa's Ancillary Provider Terms which apply to you (and anyone else) who Bupa recognises as a provider of services for whom we pay benefits.

You must, however, comply with the Ancillary Provider Terms (updated from time to time and available at www.bupa.com.au/for-providers/ancillary/traditional-therapies) in order to be a recognised provider eligible to join or remain in the Members First network.

Quality assurance undertakings

In order to participate and continue in the Bupa Members First dental network, you must comply with the quality assurance undertakings for dental providers detailed in Table 2 and give evidence of this to us, as requested.

Patient eligibility

We pay benefits to our customers in accordance with their level of cover and our policy terms and conditions. Conditions that may affect a customer's eligibility to receive benefits include, but are not restricted to: waiting periods; annual limits; health fund rules; compensation payable by another party and premium payments in arrears.

Practice Standards

Practitioners must be aware of, and comply with all standards, guidelines and policies set out by the Dental Board of Australia. For a copy of the Code of Conduct and registration standards please visit the AHPRA website.

Promotion

Public notice and information of your participation in our dental network may be given through point of service material provided by us, to be placed in a noticeable position at your professional premises.

You acknowledge that Bupa may promote details of your clinic and involvement in our dental network, by providing information of participating dental practitioners to its customers or by publishing your clinic details, including on any Bupa website. Bupa may include your clinic details in search results on any provider search tools made available by Bupa. Promotion of your practice is at Bupa's discretion and may therefore be suspended for any reason without notice to you.

Bupa may disclose your confidential information for the purposes contemplated by this agreement, as permitted by law, to the AHPRA (or its equivalent), or with your consent.

Any other promotional material you choose to use must be approved in writing by us prior to use (see Table 3 on page 6).

You must not, and must procure that any corporate entity associated with, representing or acting on behalf of your practice does not, without our prior written approval, undertake any marketing or promotional campaigns or initiatives using wording such as "Use It or Lose It" or engage in any initiatives using the same or any other wording in which in Bupa's reasonable opinion the intent is to convey the impression that Bupa customers will "lose" their health insurance benefits if they do not use them by a certain date, such as 31 December. without our prior written approval.

Variation

Except in the case of a change required as the result in a change of law, we may alter the Rules of Participation, including any of the Tables and/or the Maximum Chargeable Amounts in Table 1 by giving 28 days written notice to you.

If the change is needed because of a change in law, we must notify you, if possible, before the change takes effect.

Privacy and Confidentiality

Bupa may disclose your confidential information for the purposes contemplated by this agreement:

- as permitted by law;
- to a regulator; or
- with your consent.

Termination

Either you or Bupa may terminate this agreement and your status as a Bupa Members First dental network provider at any time, without cause or reason by giving 60 days written notice to the other party. You will still be a recognised provider.

We may terminate this agreement and your status as a Bupa Members First dental network provider with immediate effect if any of the events below occur (an event is known as a **major event**):

- you lose or fail to achieve accreditation;
- you are deregistered by the Dental Board of Australia;
- you are derecognised by Bupa;
- you do not comply with any law (including if you are convicted of a crime) in relation to this agreement;
- in Bupa's reasonable opinion, your conduct (provided your conduct is within your control) may adversely impact our goodwill, reputation or business;
- reprimands, undertakings, conditions, cautions or suspensions are placed on your registration by the Dental Board of Australia, and these are considered by Bupa (acting reasonably) to be serious;
- another dental practitioner within your clinic has their Members First agreement terminated due to a material breach by that other dental practitioner;
- Bupa has not paid a benefit for services provided by you in 6 months;
- your access for Bupa claiming to the electronic claims system (such as HealthPoint or HICAPS) is suspended or terminated for any reason; or
- your registered provider number for the clinic address is ceased with Medicare.

We may terminate this agreement and your status as a Bupa Members First dental network provider on or after 30 days from the date we notify you of our intention to terminate this agreement for one of the following events if you do not remedy the event within 30 days following our notification to you (an event is known as a **minor event**):

- you have failed to comply with a quality assurance undertaking (as set out in this agreement or as agreed by the parties);
- you have breached Bupa's Ancillary Provider Terms; or
- you have breached this agreement.

If you commit a minor event more than once during any rolling 12-month period (calculated from the date we accept your application to join the Members First Dental Network), the subsequent minor event will be deemed to be a major event and we may terminate this agreement and your status as a Bupa Members First dental network provider with immediate effect.

In the event that your status as a Members First dental network provider is immediately terminated, (where practicable) we will provide you with written confirmation of that termination. If your status as a Bupa Members First dental network provider is terminated, you will immediately remove all signage and decals and cease to represent yourself as a dental provider within our network.

If our relationship with you as a Bupa Members First dental network provider is terminated we:

- will stop paying benefits for professional services that you provide to our customers from the date our relationship ends at the higher Bupa Members First dental network level (we continue to pay benefits at the level applicable to all other Recognised Providers) and the Maximum Chargeable Amounts as listed in Table 1 will no longer apply.
- may need to inform our customers that you are no longer a Bupa Members First dental network provider.

Notices

Bupa will send any notices to you using the correspondence details you have provided on your application form (as varied by the current Change of Details Form).

You must use the current Change of Details Form on our website to let us know of changes to your clinic, contact details or practitioner details (as indicated in that form) and otherwise notify us in writing of any of the following changes by the due dates.

You must notify Bupa immediately if any dental practitioners at your clinic:

- are deregistered, restricted or suspended by the Dental Board of Australia
- fail to comply with the quality assurance undertakings
- lose or fail to achieve accreditation
- do not comply with any law (including if you are convicted of a crime)
- have reprimands, undertakings, cautions or conditions are placed on your registration by the Dental Board of Australia.

You must notify Bupa within 5 business days if:

- there is a change in ownership of the clinic
- there is a change of principal provider
- there is a change in practising dental practitioners (including new dentists, dental hygienists, dental therapists, or oral health therapists with a registered provider number).

Individual providers

All general dental practitioners, dental hygienists, dental therapists and oral health therapists with a registered provider number within the clinic must be a party to this agreement. This agreement is with each dental practitioner specific to the clinic location. This agreement is non-transferable to other providers or clinic locations.

The agreement cannot be assigned or transferred to a new clinic location and/or new clinic owner in the event of a sale.

You and each dental practitioner at the clinic covered by this agreement must have their own provider number registered with us through Medicare Australia. You may not assign any of your rights under this agreement.

Dental hygienists, dental therapists and oral health therapists **who do not** have a Medicare provider number registered at the clinic location may continue to submit claims to Bupa in line with Bupa's current policy.

You must ensure that each dental practitioner with a registered provider number at your clinic complies with the terms of this agreement. This agreement applies in addition to Our Ancillary Provider Terms available at www.bupa.com.au/for-providers/ancillary/traditional-therapies.

Dispute resolution

Bupa and the dental network provider will, in good faith, and where appropriate, make all reasonable efforts to provide feedback and, firstly, to informally resolve any disputes that arise in relation to these Rules of Participation, without the involvement of a third party. Nothing in this clause prevents a party from initiating interlocutory injunction proceedings or from terminating this agreement as permitted under this Agreement.

Table 2 – Quality assurance undertakings

General

All patients must be treated in a respectful, caring and empathetic manner.

Patient complaints and feedback must be followed up, addressed and documented in a timely manner.

Patients must be provided with adequate and accurate information regarding costs of treatment.

Infection control

The Clinic must apply infection control procedures as described in the Dental Board Australia's "Guidelines on Infection Control".

The sterilisation and disinfection procedures employed in the clinic are adequate to prevent cross-infection.

Industry accepted protocols relating to sterilisation and disinfection procedures are documented, adhered to and periodically reviewed.

Preventive care

The clinic has a recall system tailored to the needs of each patient, to enable continual management.

Dental appliances fabricated outside Australia

Details of adverse events, malfunctions or inadequacy of design of any dental devices such as crowns, bridges and dentures that have been fabricated outside Australia and imported by a Members First Dentist must be reported to the Therapeutic Goods Administration (TGA) Australia in accordance with their guidelines and requirements.

Human resource management

All staff must adhere to the Policies, Codes and Guidelines as developed and documented by the Dental Board of Australia.

The duties/tasks of staff operating within this clinic are specific to their role and training. The staffing levels of this clinic are adequate to deal with the workload and provide a caring, empathetic, helpful and efficient service.

Continuing professional development

Dental practitioners are to participate in continuing professional development at the level required by AHPRA for registration.

In clinics where conscious sedation is used, dentist/s and their assistants must fulfil the requirement of the current Dental Guidelines on Conscious Sedation Area of Practice Endorsement, developed by the Dental Board of Australia and administered by AHPRA.

Service area environment

The clinic environment ensures the safety and comfort of patients. Treatment rooms are designed to provide privacy and confidentiality for patients.

External clinic environment must be in good repair and meet likely patient requirements.

The clinic must comply with relevant State and Territory occupational health and safety legislation.

Emergency protocols and equipment must be in place and reviewed regularly. Emergency equipment must be maintained appropriately and checked regularly to ensure it is operating effectively.

Customer access

The clinic has arrangements in place that allow for the appropriate delivery of after hours (emergency) access for patients of record. 'Access' may range from advice given over the phone to relief of pain treatment provided directly to the patient.

Business management

Patient medical and dental records are complete and comprehensive. Accurate and detailed dental records are to be maintained in accordance with the requirements of Dental Board of Australia's "Guidelines on Dental Records".

An account for services must only be submitted to the Health Fund (either electronically or via a manual claims process) once the service has been completed in its entirety.

The clinic must carry indemnity insurance as required by the Dental Board of Australia.

Referral process

An appropriate referral protocol must be observed where conditions and treatment are beyond the scope of a dental practitioner's area of expertise.

Locum

Only qualified dental practitioners must provide locum services at the clinic.

Where it is intended that a Locum will practise for longer than 2 weeks, an application for a Medicare provider number must be lodged with Medicare Australia.

You must inform the locum of the details of this agreement and ensure the locum complies with the terms of this agreement.

Table 3 – Promoting the network

Promotion of the network

As part of the Bupa Members First dental provider network, we want to ensure that you receive the support you need to promote your clinic. To help you with this, we may carry out a range of activities that we believe will be of benefit to you. Some of these activities may include:

- promoting the network to our customers so they are aware of the various benefits available to them;
- undertaking activities to promote the network to a wider audience, where applicable; or
- subject to the Rules of Participation listing participating practitioners on our website or third party website approved by Bupa – which we may promote to customers.

Supporting your promotions

The following applies if you want to include reference to Bupa, our brands, our products and/or our dental provider network:

Whether you choose to promote yourself through a website; social media; print advertising; television; radio; web search listing, Yellow Pages® directories; brochures; posters; business cards; personalised letters; signage; or other advertising/marketing material, we need to approve the material first.

To apply for approval, supply a copy of your proposed material and an outline of how you anticipate using it to the Bupa Network Manager by email to provopsnetwork@bupa.com.au. Please include details of the intended medium of advertising, size, where it will be seen and the timings of the promotion. We will then approve your material or inform you of the amendments we need you to make.

We are also happy to consider opportunities for joint promotions. However, please be aware that, in accordance with our privacy policy, we will not supply customer information to you.

We look forward to working with you to ensure the network provides real value to both you and our customers.

Bupa may revoke its consent of the use of any Bupa trademark (including logos) for any reason.

Contact details

Call us on 1800 060 239
(Monday–Friday 8.30am–5.00pm AEST)

Email provopsnetwork@bupa.com.au

Visit bupa.com.au/for-providers