Bupa Medical Provider Resubmission Form

1. Please complete this form **USING BLACK INK** and write within the boxes in **CAPITAL LETTERS**.
2. Start at the left of each answer space and leave a gap between words. PLEASE DO NOT STAPLE.
3. Read the declaration and sign the signature panel below.

Please ensure when an account is resubmitted, it is not accompanied with a batch of new accounts. Only enclose your resubmitted claims with this form.

SECTION A: Please complete your practice details

Practice name

Practice ID

SECTION B: Reason for review/Comments

SECTION C: Complete this form, attach all accounts and either post or email to:

Bupa
Medical Claims
GPO Box 2213
BRISBANE QLD 4001

dr.billing@bupa.com.au

Date

D D M M Y Y

Total number of claims

Contact name

Contact email

Contact's phone number

Note: You must include on each invoice both the Facility Number (ID) and Name where the service took place. Failure to provide this information will mean that we will reject your claim, requiring it to be re submitted with all information. For more information, go to www.bupa.com.au/for-providers

For further assistance phone 134 135 (choose the claim option 3, 3, 3), or email dr.billing@bupa.com.au

SECTION D: Declaration

This medical practice agrees to bill Bupa HI Pty Ltd (Bupa) directly for services attached and accepts the Bupa Medical Gap Scheme Terms and Conditions as supplied by Bupa.

Registered **No Gap** Providers who use the Medical Gap Scheme at eligible facilities accept the Bupa benefit as full payment for the episode of care, with no extra fees to the member.

Registered **Known Gap** Providers who use the Medical Gap Scheme at eligible facilities accept the Bupa benefit, and agree to charge a maximum Known Gap of up to $500 over a whole episode of care.

The professional services specified on the attached forms were provided by me or on my behalf. These services were rendered as an inpatient of a hospital or approved day hospital facility.

Authorised name

Authorised position

Authorised signature

Date

D D M M Y Y

Bupa HI Pty Ltd
ABN 81 000 057 590