

Dental Participating Provider Arrangements Application Form

Your health is all that matters. **hbf**

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DENTAL PROVIDER INFORMATION

Name

Email address

Phone Number

Mobile Number

Provider Number

DENTAL PRACTICE INFORMATION

Practice Name

Practice Address

Address for Correspondence (if not the same as above)

Phone Number

Fax Number

Name of Practice Manager or Administrator

Email Address

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I wish to participate in HBF's Dental Participating Provider Arrangements ("the arrangements") and be registered as an HBF Dental Participating Provider ("participating provider") under the above provider numbers or any other provider numbers notified to and approved by HBF from time to time, so that my HBF patients will receive benefits, being a percentage of my fee (depending on their level of dental cover), in accordance with my agreed schedule.

HBF promotes the arrangements on its website and provides a list of participating providers to HBF members when requested.

If you do not wish to appear on its website or providers lists, please tick the box

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As part of HBFs due diligence process you are required to answer the following and provide any requested documentation. Within the last five years have you had any findings made against you by the State Administrative Tribunal, or to your knowledge are you currently the subject of a matter before the Tribunal? Yes No

If Yes please provide details

Within the last five years have you had any findings made against you by the Dental Board (any state), or to your knowledge are you currently the subject of a matter before the Board? Yes No

If Yes please provide details

Are you a current member of the Australian Dental Association? Yes No

If No, please provide evidence of existing Professional Indemnity Insurance.

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DECLARATION

I accept and agree to comply with the following terms and conditions of participation in the arrangements and acknowledge that a failure to comply with these terms and conditions may result in my registration as a participating provider being revoked.

Name of Dental Provider

Signature

Date

I have read and understood the HBF Dental Participating Provider Arrangements Terms and Conditions, and agree to abide by these terms.

PLEASE TURN OVER

OFFICE USE ONLY

Date Processed

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User ID

TERMS AND CONDITIONS OF PARTICIPATION

The information contained within this document comprises the terms and conditions of HBF's Dental Participating Provider Arrangements.

ELIGIBILITY FOR PARTICIPATION

You must be registered as a provider with HBF at the time of making this application. Acceptance of this application is at the discretion of HBF and in exercising that discretion HBF will take into account the findings from a due diligence process into your conduct as a dental provider and as an HBF registered provider and any other matters HBF considers relevant in the decision making process.

HBF must also approve your fee schedule for the application to be accepted. This decision is also at the discretion of HBF. Your fee schedule is based on fees charged currently by you to HBF members. Whilst you are participating in the arrangement the total fee charged for each service must not exceed your fee schedule and no HBF member must be charged an amount in excess of the fee specified in your fee schedule. HBF will monitor the fees charged, all fees found to be charged in excess of your fee schedule must be refunded to the HBF member. HBF may revoke your registration as a participating provider on 30 days written notice if you consistently charge over your agreed fee schedule.

CONDITIONS OF APPROVAL

Acceptance of you as a participating provider can be subject to any condition imposed by HBF. For example, compliance with billing procedures or provision of evidence annually of professional indemnity insurance.

You should note that these conditions are in addition to those requirements contained in the HBF Dental Provider Information Guide, HBF Fund Rules and the terms and conditions of electronic claim providers such as HICAPS.

AMENDMENTS TO FEE SCHEDULES

HBF may undertake an annual review of your fee schedule and where appropriate may consider an increase to fees at this time. This review may take into account a number of factors including movement in dental practice costs (to be independently determined) and assessment of HBF's capacity to pay increased benefits in accordance with increased fees.

Requests for an increase to fees outside of the annual review must be made in writing and will only be considered in exceptional circumstances.

In the event that you wish to add an item to your fee schedule, a written request must be made to HBF detailing the item number, the proposed fee, and an estimate of the proposed utilisation of the item number before the service is provided.

HBF will monitor any amendments to The Australian Schedule of Dental Services and Glossary, produced by the Australian Dental Association (ADA) and you will be advised of any changes to the HBF Schedule due to ADA changes.

PAYMENT OF BENEFITS

- HBF members are eligible for dental benefits in accordance with the level of dental cover provided under their ancillary product if they are up to date with their payments and have served any necessary waiting periods.
- HBF members, when treated by you will be entitled to one 100% covered scale and clean each calendar year. This scale and clean benefit is additional to any other product limits the member may have, excluding members on Dental Saver cover. (For members on Dental Saver, the benefit paid for their fully covered scale and clean forms part of their annual limit.) Any additional scale and cleans will be paid in benefits at the eligible percentage under their level of cover.
- Benefits under this arrangement only apply for dental treatment undertaken during the period this arrangement is in force.
- All payments of benefits are subject to HBF's current limits and restrictions on benefits for dental treatment in accordance with HBF fund rules.
- HBF will pay a set percentage of your fee (not exceeding the provider's agreed fee schedule) based on the member's level of cover. As a guide, benefits will be calculated as follows:

Ultimate	90% of your agreed fee
Premium Essentials & Essentials Plus	80% of your agreed fee
Extra Essentials & 55Plus Twin Pack (major dental)	70% of your agreed fee
Essentials Standard, 55Plus Twin Pack (general dental), other Twin Packs, Essentials Saver and Dental Saver	60% of your agreed fee

Note: When an account is paid via electronic claiming it is the responsibility of the member to pay any gap payment directly to you. If electronic claiming is not used, members will be reimbursed for payments of your accounts received at HBF by cheque, direct credit or cash payment. When an unpaid account is received by HBF, a cheque will be made payable to you and posted or given directly to the member. It is the responsibility of the member to remit the payment to you with any outstanding balance, and you must request that payment from the member.

WHEN DENTAL BENEFITS CAN BE PAID

HBF will pay the dental benefits for services provided by you if:

- The service is provided to an eligible HBF member with the appropriate level of cover to claim that item.
- The item number is included on your fee schedule as at the date of service.
- The fee for the item number charged does not exceed your agreed fee schedule for that item.
- The HBF member lodges the claim within two years from the date of service.
- The HBF member has served relevant waiting periods and has not used all their dental maximum entitlements.
- The service is one for which HBF pays a benefit under HBF Fund Rules; and
- Provision of the service is in all other respects in accordance with HBF billing requirements as contained in the HBF Dental Provider Information Guide, HBF Fund Rules and the terms and conditions of electronic claim providers.

CHANGING PARTICIPATION STATUS

You are required to give 90 days notice in writing to HBF if you wish to withdraw from these arrangements. You must continue to charge in accordance with your fee schedule during this 90-day period.

- If you are the owner of a dental practice you must notify HBF prior to any change of ownership of the dental practice to enable an agreement with the new owner to be put in place if necessary; and
- any change to the employees practising at your locations.

If you are an employed dentist or dental prosthetist, you must notify HBF if you change locations and cease or commence using a new provider number.

You must immediately notify HBF where you cease to practice at an agreed location or if you cease to be a member of the Australian Dental Association, or when you are not a member, if you cease to hold professional indemnity insurance.

If you breach the terms of this agreement or the requirements as contained in the HBF Dental Provider Information Guide, HBF Fund Rules and the terms and conditions of electronic claim providers, HBF may give you 30 days notice of its intention to revoke your participation in the arrangements. You may make a submission in writing to HBF before that date which HBF will consider in its determination.

In the event that a decision is taken to revoke your participation HBF will honour written quotes provided by HBF to HBF members prior to the revocation of your participation at the agreed benefit levels, in accordance with your agreed fee schedule.

CHANGES IN CONDITIONS

HBF may vary these conditions or terminate this arrangement, either generally or in respect of specific items or providers by giving not less than 30 days written notice.

INFORMATION TO MEMBERS

HBF members can obtain written confirmation of their expected out of pocket dental expense by contacting an HBF Member Service Advisor on 133 423 or by visiting their nearest HBF Branch. To obtain this information from HBF, members are required to supply the following information:

- Provider Name
- Provider Number
- Provider Location (by suburb)
- Item numbers
- Fee per item number
- Alternatively if e-claiming is utilised a quote can be performed using HICAPS and will be valid for that day only.

HBF will provide lists of participating dental providers to HBF members on request. HBF members can also locate a participating dental provider by visiting hbf.com.au. Any dental provider can advise HBF that they do not wish to be included on such a list by emailing askhealth@hbf.com.au or writing to GPO Box C101 Perth WA 6809.

ACCOUNT/ RECEIPT INFORMATION AND PRESENTATION OF ACCOUNTS

All accounts and receipts presented to HBF for claiming dental benefits must be in accordance with the standard requirements described in the HBF Dental Provider Information Guide.

REFUND OF FEE

If you agree to refund a fee to a member after providing a service, then you must repay the benefit previously paid for the service directly to HBF, providing with that refund, details of the name of the member, the member number, the date of the service and the item number of the service. Any gap paid by the member for the service should be repaid direct to the member.

AUDIT PROCEDURES

HBF conducts regular reviews to determine the treatment patterns of all individual providers as well as groups of providers and on occasion it is necessary to seek further information from providers in regard to claims or their treatment profiles. You must comply with any requests made in connection with such reviews. Importantly, you must release information required for processing a claim in accordance with the authority obtained by HBF from the member on the HBF Claim Form or on signing an e-claiming receipt.

Failure to comply with audit requests would constitute a breach of the requirements of the Dental Provider Information Guide and the terms and conditions of electronic claim providers and may result in a decision to revoke your participation in the arrangements.

REGISTRATION WITH HBF

You must continue to comply with HBF's standard requirements for provider registration and the terms and conditions of this arrangement are deemed conditions of your registration as an HBF provider. If you cease to be registered as an HBF provider, this arrangement will automatically terminate and your registration as a participating provider will be revoked. Alternatively, if you do not comply with specific conditions imposed at the time of approval as a participating provider or subsequent to that approval, HBF may decide to review your registration as a participating provider.

TYPE AND QUALITY OF TREATMENT

This arrangement does not limit or affect the type or quality of dental treatment to be provided to HBF members by participating providers.

MARKETING AND ADVERTISING MATERIALS

1. Promotion by HBF

HBF will promote the arrangement on its website or through other methods of member communication, which may include promotion in HBF member magazines, direct mailouts to our members, point of sale material in HBF's branches, messages on hold, promotion via HBF.com.au and the provision of promotional material for participating providers, including posters and window decals which must not be altered, cut, deformed or utilised for any purpose other than the arrangements.

2. Promotion by Provider

- a) You may state in any information or promotional material that you are registered as a participating provider with HBF.
- b) Where you wish to use HBF's trademarks including logo, corporate typeface and corporate colour palette (Trade Marks), you must first obtain HBF's written consent.

3. Obtaining consent

Prior to HBF granting its consent you must provide:

- a) samples of any materials on which the Trade Marks will appear, including, where used, voice over scripts; and
- b) details of when and where the materials are to be used.

HBF has an absolute discretion as to whether to grant its consent, or to grant its consent subject to conditions. HBF may withdraw its consent at any time on reasonable grounds.

4. License terms

Where HBF provides its consent you will have a non-exclusive royalty free license to use the Trade Marks in the Provider's advertising and promotional material. You will observe all reasonable directions notified to you by HBF regarding the manner in which you may use the Trade Marks, including all reasonable directions notified to you as set out in any guidelines HBF publishes from time to time. You agree not to:

- a) use the Trade Marks in any way which is likely to harm or prejudice HBF's rights in the Trade Marks;
- b) apply to register any trade mark, or apply to register or use any business name, company name or internet domain name that:
 - i) contains the Trade Mark's; or
 - ii) any words or images that are substantially identical with, or deceptively similar to, the Trade Marks, without the prior written consent of HBF; or
- c) challenge:
 - i) HBF's complete ownership of, or rights to use, the Trade Marks; or
 - ii) the validity of, or HBF's title to, any applications for registration made by HBF or any registrations obtained by HBF in respect of the Trade Marks.

5. Removal

You will immediately remove, amend or withdraw any document or thing bearing the Trade Mark, if requested by HBF.

6. Competition and Consumer Act 2010

The Provider and HBF will each ensure its promotional material complies with all laws, including the Competition and Consumer Act 2010.

7. Privacy Statement

Ensuring your Privacy

At HBF we respect the privacy of your personal information and are committed to ensuring that its security remains protected. We are bound by the National Privacy Principles (NPPs) set out in the Privacy Act 1988.

HBF's collection of personal information

We collect your information when we accept your application to become an HBF participating dental provider ("Provider") and we may collect further personal information whilst you are a Provider. We will generally collect your personal information during a face-to-face interview, over the telephone, through an online form or by way of a paper based form (including application forms).

Some personal information is deemed to be sensitive information. We will treat sensitive information with particular care.

Consent

By applying to become a Provider, you are taken to agree:

- To the collection by HBF of your personal information in connection with your practice as a Provider.
- That your personal information can be used or disclosed by us as contemplated in this Privacy Statement.

The information we may collect

Usually we will collect details of your name, practice location address, telephone number, facsimile number, or email address and your provider number and schedule of fees.

How HBF will use and disclose your information

HBF uses personal information to provide you with comprehensive service in relation to its products and services. We may use, and if necessary disclose, your personal information:

- To pay benefits to HBF members;
- To promote you as a Provider on our websites (or websites linked to other specialists) which may be accessed by HBF members and any other person.

You also give your consent to the relevant member of the HBF Group of Companies (HBF Group) sharing your personal information (including sensitive information) with other members of the HBF Group for the purpose of preventing and detecting fraudulent or invalid claims or misrepresentation which would cause loss to the HBF Group.

Members of the HBF Group may also share and use this information for the purpose of providing you with material, such as articles and information about Provider arrangements that may be of interest to you. You may request not to receive such information by contacting us. Please allow five working days for your request to be actioned.

HBF has a range of obligations under the Private Health Insurance Act 2007 and related regulations that impact on its collection and disclosure of personal information. In effect, these require HBF to maintain records, report to regulatory authorities, and to meet various requirements in relation to providing private health insurance. If you apply to become a Provider, HBF would be required to collect information such as your contact details and information that verifies that you are eligible to be a provider. HBF is also required to make certain information and records available to auditors, actuaries and public authorities including the Department of Health and Ageing, the Private Health Insurance Ombudsman and Medicare Australia. We will disclose this and any other information as required by law.

If you do not wish to provide information

If you do not wish to provide personal information, we may not be able to register you as a Provider and pay benefits to members for services you provide.

Accessing your information

In most circumstances you have a right to access any personal information which we collect and hold about you. Please contact us if you wish to access your personal information. We may deny your request in some circumstances and if we do this, we will tell you why. Further details on the way we handle personal information are in our Privacy Policy, which is available at hbf.com.au or on request by calling a Member Service Advisor on 133 423.

Privacy Complaints

If you wish to complain about any breach or potential breach of this Privacy Statement, our privacy policy or the NPP's, you should contact us.

Contact Details
HBF Privacy Officer
GPO Box C 101
Perth WA 6809
Phone: 133 423

Your complaint will be responded to within seven days. We will use our best endeavours to resolve any complaint to your satisfaction, however, if you are unhappy with our response, you may contact the Office of the Privacy Commissioner at:

Office of the Privacy Commissioner
GPO Box 5218
Sydney NSW 2001
Phone: 1300 363 992