

Application for HBF Provider Registration

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

Please complete **all sections**, attach all relevant documentation (if applicable) and return to:
Provider Registration Officer
HBF Health Operations – Support Services
GPO Box C101
Perth WA 6809

Applications can be emailed to **provreg@hbf.com.au** or faxed to **(08) 9265 6282**. Please allow approximately 14 days for processing.

Please note: This application will be returned if all relevant documentation/information is not supplied. Please print clearly and complete all sections. If a section isn't applicable to you please write N/A and do not leave blank.

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APPLICANT DETAILS

Title Surname Given Names

Postal Address (All HBF written communications will be directed to this address) Postcode

Profession/s for which you are seeking HBF Provider Registration

- Acupuncture Naturopathy Traditional Chinese Medicine
 Homoeopathy Herbalism Nutrition
 Reflexology Remedial Massage/Myotherapy

Email Address Contact Number

HBF Member Details (if applicable)

Date of Birth Member Number

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CRITERIA

Please complete the applicable criteria details for your profession

| HBF Approved Association/Registration Board Details | | |
|---|----------------------|----------------------|
| Membership/registration must be currently active. | | |
| Full name of Association/Registration Board | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Registration Membership No. | Expiry date | Number of years |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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PLEASE TURN OVER

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PRACTICE DETAILS FOR WHICH HBF PROVIDER REGISTRATION IS REQUESTED

Please complete details for each location. This page can be photocopied if necessary.

Name of practice registered

Payee Name (eg. ABC Acupuncture; or J A Smith. – Provider payee name for HBF benefit cheques to be issued)

Have you already been issued a Provider Number for this location by another organisation? (HBF may allocate the same number. If not supplied, an HBF Provider Number may be issued.)

Number Organisation (eg Medicare/HICAPS)

E-mail address of practice

Is this practice: New Existing

Street address of practice (PO Box is not acceptable)

Suburb

Postcode

Telephone

Fax

What date did you commence / intend to commence practice at this location?

Does this location/facility/organisation receive any Government (Federal, State or Local) funding? Yes No

If yes, please provide details

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OTHER PRIVATE PRACTICE LOCATION DETAILS

Please complete the following section for all private practice locations where you have already been approved as an HBF Provider. If an HBF Provider Number is allocated to a location that is not listed below, that number will be ceased. Please complete for each location. This page can be photocopied if necessary.

| | | |
|-------------------|---|----------------------|
| Location 1 | Provider Number | Active Closed |
| Name of Location | Address (PO Box is not acceptable) | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | Phone | |
| Location 2 | Provider Number | Active Closed |
| Name of Location | Address (PO Box is not acceptable) | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | Phone | |
| Location 3 | Provider Number | Active Closed |
| Name of Location | Address (PO Box is not acceptable) | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | Phone | |

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GOVERNMENT FUNDING

Please complete for each location. This page can be photocopied if necessary.

Do you render services at ANY location/facility/organisation that receives any Government (Federal, State or Local) funding?

Yes No If yes, please give details of these location/s and attach a written submission as requested below:

| | |
|---|------------------------------------|
| Location 1 | |
| Name of Location/Facility/ Organisation | Address (PO Box is not acceptable) |
| | |
| | |
| | Phone |
| Location 2 | |
| Name of Location/Facility/ Organisation | Address (PO Box is not acceptable) |
| | |
| | |
| | Phone |
| Location 3 | |
| Name of Location/Facility/ Organisation | Address (PO Box is not acceptable) |
| | |
| | |
| | Phone |

If you render services at ANY Location/Facility or Organisation which is a Government (Public) Institution (Local, State or Federal) or receives government funding, then you may not be exclusively in private practice and therefore may not meet HBF's criteria for registration as an HBF provider. A concern for HBF when assessing applications for registration, is the potential for current and future "cost shifting" to occur, ie. the shifting of public/government sector services into the private sector which leads to additional utilisation in the private sector. This increase in utilisation places unnecessary pressures on benefit payments and subsequently premiums. Should you wish to continue with your application, you must provide a written submission providing information that you believe would assist HBF to assess that an approval in this instance would be beneficial to HBF members. **If applicable, written submissions are to be attached to this application.**

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OTHER INFORMATION

When HBF assesses applications for Provider Registration status, it principally considers two factors:

- 1) The provider has achieved the necessary level of qualifications that will enable them to render medically necessary and/or appropriate professional services to our members. Where applicable, confirmation of these qualifications as well as the state registration status of each provider is sought from the appropriate Registration Board.
- 2) HBF considers the potential of each provider or group of providers to move costs from the public sector to the private sector, commonly referred to as "cost shifting". Cost shifting may result from providers who are currently employed in the public sector, commencing practice in the private sector (either at new or existing locations) and transferring privately insured patients who were previously treated in the public sector to their private sector practices.

Investigations revealing deliberate cost shifting by a provider will result in HBF removing that provider's Provider Number for services rendered to HBF members. Such services will then not be eligible for HBF benefit.

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DECLARATION

Please read carefully prior to signing the Declaration below.

It is important that prospective providers are fully aware of the information listed below, prior to signing the Declaration. I understand that:

- The Provider Number I am applying for is not transferable to any other practice location or Provider.
- It is my obligation to ensure that whilst I am a registered HBF provider:
 - I maintain current membership with an HBF approved Association at all times;
 - My first aid certificate remains current at all times; and
 - I maintain professional indemnity insurance for the profession I practice and that this remains current at all times.
- I understand if the Association I am currently a member of, is no longer approved by HBF for the services I provide, or no longer approved at all, then my registration with HBF will no longer be current. To keep my HBF registration it is my responsibility to become an active member of another HBF Approved Association.
- Should any information contained in this application change, HBF is to be notified within 14 working days of the change.
- No benefit will be payable for services rendered to a 'relative' of the provider, when a 'relative' is a person included on the same HBF policy as the treating provider.
- Registration by HBF is subject to compliance with conditions imposed by HBF at or after the time of registration.

I (full name)

am applying to HBF for registration as a provider of

services, and declare that all the information and attachments supplied are true and correct. I agree to comply with all conditions of registration which have been, or may in the future be, specified by HBF, including the requirements specified in this document and any Provider Information Guide and those which may subsequently be specified in any newsletter or notified by any other means of communication.

Signature of Applicant

Date

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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 an application for HBF provider registration, and we may collect further personal information whilst you are an HBF registered 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 for registration as an HBF provider you are taken to agree:

To the collection by HBF of your personal information in connection with your application

- That your personal information can be used or disclosed by us as contemplated in this Privacy Statement.
- To us transmitting your personal information overseas where the transmission is directly related to your registration as an HBF provider.

The information we may collect Usually we will collect details of your name, address, age, telephone number, facsimile number, email address, professional qualifications, registration and practice details.

How HBF will use and disclose your information HBF may use, and if necessary disclose, your personal information:

- to pay benefits to HBF members;
- to promote you as a provider on the HBF website; and
- to your relevant professional association and external consultant to review the claims history of HBF members

We may use your personal information for the purpose of providing you with material, such as articles and information about provider arrangements, that may be of interest to you. However, you may request not to receive such information by contacting us and we will give effect to that request. 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. 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 the personal information HBF requires for registration, HBF members won't be able to claim benefits 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 C101 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