



Member Plus Dental Provider Arrangements application

1 Dental provider information

Name	Email	
<input type="text"/>	<input type="text"/>	
Phone number	Mobile number	Provider number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dental practice information

Practice name

Practice address

Address for correspondence (if not the same as above)

Phone number	Fax number
<input type="text"/>	<input type="text"/>
Name of practice manager or administrator	Email
<input type="text"/>	<input type="text"/>

2 I wish to be registered for and participate in the HBF Member Plus dental arrangements from the date of my acceptance as a Member plus dental provider until 31 December 2018. I will be registered as a Member Plus dental provider under the provider number above and my HBF patients will receive percentage benefits of my fee (depending on their level of cover). These fees will be included in my Arrangements with HBF.
HBF promotes the Arrangements on its website and provides a list of Member Plus dental providers to HBF members when requested. If you do not wish to appear on its website or providers lists, please tick the box.

3 As part of HBF's 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

4 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 Member Plus dental provider and as a HBF approved provider being revoked.

Name of dental provider	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

I have read and understood the HBF Member Plus dental Arrangements terms and conditions, and agree to abide by these terms.

Office use only

Date processed	User ID
<input type="text"/>	<input type="text"/>

Terms and conditions of participation

The information contained within this document comprises the terms and conditions of HBF's Member Plus dental arrangements (**Arrangements**).

Eligibility for participation

You must be registered as a provider with HBF at the time of making this application and registered for electronic claiming via either HICAPS or CSC. 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 approved provider and any other matters HBF considers relevant in the decision making process. You must agree to the fee schedule provided by HBF for the application to be accepted. Whilst you are a Provider in the Arrangements 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.

All your services provided to HBF members must be provided under the terms of this arrangement.

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 Member Plus dental provider with 30 days written notice if you consistently charge over your agreed fee schedule.

Conditions of approval

Acceptance of you as a Member Plus dental 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.

If HBF accepts you as a Provider, such acceptance is valid for the location/s specified on the Application Form attached to these terms and conditions only. If you wish to seek registration as a Provider for an alternate location, a separate Application Form will be required. Such applications will be considered at the time of submission in accordance with HBF's policies and procedures, and acceptance or otherwise remains at the sole discretion of HBF. You should note that these conditions are in addition to those requirements contained in the HBF Ancillary Provider Requirements shown on the HBF website, hbf.com.au* HBF Fund Rules and the terms and conditions of electronic claim providers such as HICAPS and CSC.

Term

Where HBF registers you as a HBF Member Plus dental provider this registration continues up to and including the 31 December 2018. Your registration as a HBF Member Plus dental provider will terminate on 31 December 2018.

Amendments to fee schedules

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 Schedule 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 subject to annual limits on some policies and entitled to one 100% covered scale and clean each calendar year.

- Benefits under this arrangement only apply for dental treatment undertaken during the Term 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 agreed fee schedule) based on the member's level of cover. 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, this benefit will be made payable to you either by direct credit or cheque. 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 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 Ancillary Provider Requirements, HBF Fund Rules and the terms and conditions of electronic claim providers.

Where services are provided by a dental hygienist, HBF will only pay dental benefits in respect of such services where the dental hygienist provides the services:

- under your Provider Number;
- from the same location where such Provider Number is registered; and
- under your direct control and supervision.

These requirements are additional to the general requirements for the payment of dental benefits set out above which must also be adhered to.

Changing participation status

If you are the owner of a dental practice you must notify HBF prior to:

- any change of ownership of the dental practice, 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 hold professional indemnity insurance.

If you breach the terms of this agreement or the requirements as contained in the HBF Ancillary Provider Requirements, 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 or CSC, and will be valid for that day only.

We will provide lists of Member Plus dental providers to our Members on request. HBF members can also locate a Member Plus 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 6839.

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 Ancillary Provider Requirements.

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 Ancillary 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 dental provider, this Arrangement will automatically terminate and your registration as a Member Plus dental provider will be revoked. Alternatively, if you do not comply with specific conditions imposed at the time of approval as a Member Plus dental Provider or subsequent to that approval, HBF may decide to review your registration.

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 Member Plus dental 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 Member Plus dental provider, 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 Member Plus dental provider with HBF.
- b) Where you wish to use HBF's trademarks including logo, corporate typeface and corporate colour palette (trademarks), 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 trademarks 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 trademarks in your advertising and promotional material. You will observe all reasonable directions notified to you by HBF regarding the manner in which you may use the trademarks, 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 trademarks in any way which is likely to harm or prejudice HBF's rights in the trademarks,
- b) apply to register any trademark, or apply to register or use any business name, company name or internet domain name that:
 - i) contains the trademarks, or
 - ii) any words or images that are substantially identical with, or deceptively similar to, the trademarks, without the prior written consent of HBF, or
- c) challenge:
 - i) HBF's complete ownership of, or rights to use, the trademarks, 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 trademarks.

5. Removal

You will immediately remove, amend or withdraw any document or thing bearing the trademark, 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 (Cth)*.

7. Reputation

- a) You will not become involved in any conduct that might reasonably be regarded as harming HBF or its name or reputation.

b) You will not be involved in any situation which will bring HBF into disrepute, contempt, scandal or ridicule.

8. Your privacy

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988* (Cth) to ensure that your personal (including sensitive) information (**Information**) is protected. We collect your information when we accept your application to become an HBF Member Plus 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 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 and:

- 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. HBF sometimes use service providers who either host or store personal information overseas. This means we may transfer information about you between countries to those service providers, if required, for the purposes noted above. However, in all such cases, we will take reasonable steps to ensure all entities to whom we transfer your personal information comply with the *Privacy Act 1988* (Cth), including ensuring appropriate security measures are taken by those entities to protect your personal information from unauthorised access and use.

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.

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* (Cth) 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.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy, which is available at hbf.com.au or on request by calling an HBF member service advisor on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law, how to make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint.

If you have any questions about how HBF handles your Information, please contact our privacy officer by writing to GPO Box C101, Perth, Western Australia, 6839 or telephoning on 1300 883 530.