

Medical Gap Changes 2023 - Medical Provider - Request a Call Back Form



Thank you for your enquiry regarding the changes HBF is making to our Medical Gap Agreement offering. Please review the most recent FAQs before submitting the form at <https://www.hbf.com.au/provider-gap-changes> and ensure the form is completed in full to assist our consultants with your enquiry.

Section 1: Provider Details

Current HBF Medical Gap Registration Status

Full Cover

Specialist Anaesthetist

Known Gap

Direct Billing /
No agreement

Complete the following fields to receive a call back from an HBF expert.

Name of Provider

Name of Contact Person

Provider Number(s)

Section 2: Preferred Contact Details

Call back time slots are subject to availability and opening hours. The Medical Relations team is here to assist you between the hours of 8:00am - 4:00pm Monday to Friday WST. We will endeavour to confirm your preferred time slot availability via email prior.

Preference 1:

Preference 2:

Preference3:

Date:

Date:

Date:

Time:

Time:

Time:

Contact Number:

Contact Number:

Contact Number:

Section 3: Enquiry Detail

In detail, describe your enquiry

Call back terms and conditions:

By providing your personal information to HBF Health Limited ABN 11 126 884 786 ('HBF, 'we', 'us' and 'our'), including your preferred day(s) / time(s), you consent to us attempting to contact you by telephone at or close to any of your preferred contact time(s). We may disclose your information to our related companies or to third parties engaged by us to act on our behalf in conducting the call back service or as required by law. If you do not provide all of the personal information we have requested, we will be unable to provide the call back service to you.

You can access the information HBF holds on you by contacting 1300 810 475 Monday to Friday between 8:00am - 4:00pm WST. Alternatively, submit request directly to: askmedgap@hbf.com.au

HBF's Privacy Policy

<https://www.hbf.com.au/about-hbf/legal/privacy-policy>

Provider Collection Statement

<https://www.hbf.com.au/-/media/files/pdfs/provider-forms/hbf16089-provider-collection-statement.pdf?la=en&hash=46CCD9DB1C4973D92112F3B48343A4B5E971C06B>