

Application for recognition as a Provider of Optical Dispensing services

Definitions

AHPRA refers to the Australian Health Practitioner Regulation Agency.

Fund Rules refers to Medibank's fund rules available at:
<http://www.medibank.com.au/healthcover/forms-and-brochures/>

Recognised Provider refers to an Ancillary Provider, being an Optical Dispenser, who has been approved by Medibank for the payment of benefits for services or goods provided to Medibank members.

Requirements for Recognised Providers refers to Medibank's Requirements for Recognised Providers, as attached to this application form and also available at http://www.medibank.com.au/Health-Covers/Information-For-Health-Care-Providers/Recognised_Ancillary_Provider_Criteria.pdf, and as otherwise updated from time to time

Specific Recognition Criteria refers to the specific recognition criteria applicable to Optical Dispensers, available at <http://www.medibank.com.au/Health-Covers/Information-For-Health-Care-Providers/Ancillary-Provider-Recognition.aspx>

Applicant details

Please supply the details below for the legal entity which is applying for recognition by Medibank as a Recognised Provider.

Status, name and ABN:		
Is the Applicant an: <input type="checkbox"/> Individual/Sole Trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership (please tick one) (Copy of ASIC Current and Historical Company Information Search Extract to be attached if the Applicant is a company)		
First Name:	Surname:	
ABN:		
Contact details:		
Registered Address: (note – the registered address may not be the trading address)		
Street:		
Suburb:	State:	Postcode:
Phone:	Email:	

Qualifications and memberships (if the Applicant is an individual):**Qualifications:**

(At minimum, an HLT43507 or HLT43512 (Certificate IV) in Optical Dispensing is required)

(Certified copies of qualification documents to be attached)

Professional Association (Name):

Membership Number:

Financial member: Yes ☐ No ☐

Previous convictions:

Does the Applicant have any previous convictions or outstanding charges for criminal offences?

Yes ☐ No ☐

A National Police Certificate is required to be submitted – applications and instructions can be found at - <http://www.afp.gov.au/what-we-do/police-checks/national-police-checks.aspx#process>

If yes, please provide details:

Previous Medibank provider numbers:

Has the Applicant, or any director of the Applicant (if a company) held a Medibank Provider Number previously? Yes ☐ No ☐

If so, please enter details of provider numbers previously issued by Medibank:

Public liability and product liability insurance:

Insurer:

Policy number(s):

Cover(s) held:

(Copies of certificates of currency to be attached)

Professional indemnity insurance:

Insurer:

Policy number(s):

Cover(s) held:

(Copies of certificates of currency to be attached)

Policy Limit:

Responsible Person details

Please supply the details below for the person who is responsible for making this application on behalf of the Applicant. (If the Responsible Person is also the Applicant, you may insert "As above" where the relevant details have already been supplied in the Applicant details section above or leave this page blank).

Name and contact details:		
First Name:	Surname:	
Date of Birth:		
Email:	Website:	
Daytime Phone:	Mobile:	
Identification: <i>[please refer to the Notes at the end of this form for more detail about ID requirements]</i>		
Primary ID Provided:	ID #:	
Secondary ID Provided: <i>[Certified copies of identification documents to be attached]</i>		
Qualifications and memberships:		
Qualifications: (At minimum, an HLT43507 or HLT43512 (Certificate IV) in Optical Dispensing is required) <i>[Certified copies of qualification documents to be attached]</i>		
Professional Association (Name):		
Membership Number:	Financial member: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous criminal convictions:		
Do you have any previous convictions or outstanding charges for criminal offences? Yes <input type="checkbox"/> No <input type="checkbox"/> A National Police Certificate is required to be submitted – applications and instructions can be found at - http://www.afp.gov.au/what-we-do/police-checks/national-police-checks.aspx#process		
If yes, please provide details:		
Previous Medibank provider numbers:		
Have you held a Medibank Provider Number previously? Yes <input type="checkbox"/> No <input type="checkbox"/> :		
If yes, please enter details of provider numbers previously issued by Medibank:		

Location details

Please supply the details below for the location in respect of which the Applicant seeks recognition as a Recognised Provider. Please note that only one (1) Optical Dispensing Provider number can operate from any single location.

Address	
Location address:	
Website address (if applicable):	
Optical dispensers working at this location	
Please identify all optical dispensers who will be working at this location and using the Applicant's Provider Number, and their qualifications and professional association memberships: (At minimum, an HLT43507 or HLT43512 (Certificate IV) in Optical Dispensing is required)	
Name:	Qualifications:
	Memberships:
Name:	Qualifications:
	Memberships:
Name:	Qualifications:
	Memberships:
Name:	Qualifications:
	Memberships:
Name:	Qualifications:
	Memberships:
Other Providers working at this location	
Please identify any other Recognised Providers (such as Optometrists) who will be working at this location	
Name:	Provider number:
Name:	Provider number:
Name:	Provider number:
Name:	Provider number:
Name:	Provider number:

Attach additional sheet if necessary.

Privacy and Confidentiality

You must comply with applicable privacy and health records management legislation (including the *Privacy Act 1988 Cth*) and relevant industry codes and standards when collecting, using and disclosing Personal and Sensitive Information of Medibank members as defined under the *Privacy Act 1988*).

You must also treat as confidential any financial, operational or commercial information which we provide to you.

If you suspect that you may be in breach of the above in relation to information pertaining to Medibank or Medibank members, you must inform us immediately and take reasonable instructions from us to resolve that breach.

We may collect your personal information in order to register you as a provider of services for Medibank and to enable you to **make claims for benefits from Medibank in relation to the provision of service**. If you do not provide or authorise the provision of this information, we may be unable to consider your application to become a Recognised Provider.

Medibank may use and disclose your personal information in order to:

- process your application and manage your registration;
- manage our relationship with you;
- process and audit payments and claims;
- detect, analyse, investigate, pursue or prevent suspected fraudulent activities;
- manage and resolve any legal or commercial complaints or issues;
- perform other functions and activities relating to our business; and
- comply with our legal obligations.

In doing so, we may disclose your information to:

- our agents and service providers;
- our professional advisors;
- payment system operators and financial institutions;
- government agencies; and
- other health funds, service providers or other third parties who assist us in the detection and investigation of fraud.

If you wish to access or correct information we hold about you, please contact us at ancillaryregistrations@medibank.com.au. Your personal information will be handled in accordance with our privacy policy, which is available at medibank.com.au and which contains information about how we handle any privacy complaints you may have.

<i>I have read and agree to the collection, storage, use and disclosure of my personal information as detailed above</i>	<input type="checkbox"/>
<i>I have read and understand the AHPRA – Code of Conduct for Optometrists</i>	<input type="checkbox"/>

Declaration (all applicants)

I declare that:

- (1) I am the Applicant, or I am authorised to represent the Applicant in making this application and have not received notice of revocation of that authority;
- (2) all the information provided above is true and accurate; and
- (3) I will promptly advise Medibank of any change in circumstances relevant to this application.

I further declare, on behalf of the Applicant, that:

- (1) the Applicant has read and accepts the Requirements for Recognised Providers;
- (2) the Applicant understands and acknowledges that the Requirements for Recognised Providers may change from time to time;
- (3) the Applicant agrees to keep itself informed of any changes to the Requirements for Recognised Providers;
- (4) the Applicant agrees to be bound by the Requirements for Recognised Providers (as updated from time to time); and
- (5) the Applicant understands that it will not be a Recognised Provider until recognition is formally granted by Medibank, in its absolute discretion.

If the Applicant is an individual:

Signature of Applicant:	Date:
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If the Applicant is a company or partnership:

Signed for and on behalf of the Applicant by its duly authorised representative:	Date:
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NOTES:

Identification Requirements

Acceptable Primary Identification Documents

- Full birth certificate (or change of name certificate)
- Current passport
- Passport which was not cancelled and was current within the preceding two years
- Citizenship certificates
- Licence issued under Australian law which includes your photograph and signature (e.g. driver licence)
- Social security card which includes your photograph and signature
- Public service identification which includes your photograph and signature

Acceptable Secondary Identification Documents

- Identification card issued by a tertiary education or authorised deposit taking institution (e.g. bank, credit union) where you have been a customer for at least 12 months
- Mortgage documents
- Land Titles Office document
- Letter from someone who employed you within the last two years that confirms your name and address
- Municipal Council Rates Notice
- Credit card statement
- Medicare card
- Telephone account
- Electoral roll compiled by the Australian Electoral Office
- Records of public utility (e.g. gas, electricity etc.)
- Statement from a primary, secondary or tertiary education institution that you attended in the last 10 years that confirms your name and address
- Records from a professional or trade association (i.e. club, school, union etc.) that confirms your name and address

Certification Requirements

You will need someone to certify that all of the identification documents you submit with this application are true copies of the originals.

In Australia, the following people are authorised to certify documents:

- *Health professions: Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist*
- *Legal professions: Legal practitioner, Patent attorney, Trademarks attorney*
- *Court positions: Bailiff, Justice of the Peace, Judge, Magistrate, Registrar, or Deputy Registrar, Clerk, Master of a court, CEO of a Commonwealth court*
- *Commissioner for Affidavits, or Commissioner for Declarations (dependent on jurisdictions)*
- *Government representatives (elected): Federal, State or Territory or Local*
- *Public servants: Federal, State or Territory or Local – employed for five years or more.*
- *Permanent employees of the Australian Health Practitioner Regulation Agency*
- *Bank officer, building society officer, credit union officer, finance company officer – employed for five years or more*
- *Veterinary surgeon*
- *Accountant (member of ICA, ASA, NIA or CPA, ATMA, NTAA)*
- *Minister of religion, or marriage celebrant*
- *Member of:*
 - *Chartered Secretaries Australia*
 - *Engineers Australia, other than at the grade of student*
 - *Australian Defence Force (an officer; or a non-commissioned officer with 5+ years of continuous service; a warrant officer)*
 - *Australasian Institute of Mining and Metallurgy*
- *Notary public*
- *Holder of a statutory office not specified in another item in this section*
- *Police officer*
- *Sheriff or Sheriff's officer*
- *Teacher (full-time) at a school or tertiary education institution*

Checklist of documentation which must be submitted with your application

- ☐ Certified proof of identification (primary and secondary) for the Responsible Person
- ☐ Certified proof of identification (primary and secondary) for the Applicant (if an individual)
- ☐ Current & Historical Company Extract from ASIC (in respect of the Applicant, if a company)
- ☐ Certified proof of qualifications for the Responsible Person
- ☐ Certified proof of qualifications for the Applicant (if an individual)
- ☐ Certificate of Currency for Public Liability & Product Liability Insurance
- ☐ Certificate of Currency for Professional Indemnity Insurance
- ☐ National Police Certificate

How to submit your application

By email	ancillaryregistrations@medibank.com.au
By post	Ancillary Provider Registrations Medibank Private Limited GPO Box 9999 (your capital city)

Attachment

Medibank's Requirements for Recognised Providers

Introduction

Medibank Private Limited (Medibank) offers private health insurance products under two different brands, 'Medibank Private' and 'ahm Health Insurance'.

Medibank is an industry leader with a focus on ensuring our members get quality healthcare outcomes within a system which remains affordable for all of the community. We recognise the valuable services delivered by ancillary providers to our more than 3.8 million members across the ahm and Medibank brands.

To become a recognised provider with Medibank you must apply for recognition (in accordance with such requirements as apply to the provider's modality and available on Medibank's website) and meet the requirements set out in this document. A recognised provider is a health provider recognised by Medibank for the purpose of paying benefits on behalf of its members in relation to treatment provided. All treatments must be in accordance with Medibank's Fund Rules and the requirements set out in this document. To avoid doubt, benefits are not payable in relation to treatment provided where the member is ineligible for benefits in respect of that treatment under their private health insurance policy.

At Medibank's absolute discretion, Medibank may refuse to grant recognition or suspend or cancel a Recognised Provider's recognition with immediate effect or with notice depending on the circumstances.

Medibank's Requirements

Ancillary providers must comply with the following requirements to become, and to continue to be recognised as, a Medibank Recognised Provider.

1. Independent private practice

Services and goods provided to Medibank's members must be provided in 'independent private practice'; that is, a professional practice (whether sole, partnership or group) that is self-supporting. This means that its accommodation, facilities and services are not provided or subsidised by another party (such as a public hospital or publicly funded facility).

2. Professionally qualified

a. Providers covered under the National Registration and Accreditation Scheme¹

These providers must:

- Be registered, or hold a licence, under any relevant Australian state or territory legislation;
- Meet all of the standards, including applicable codes of conduct, set out by Australian Health Practitioner Regulation Agency (AHPRA), the associated National Boards, the Private Health Insurance (Accreditation) Rules and Regulations, and any other applicable peak body that governs and/or regulates a particular provider's standards;
- Notify Medibank within 10 business days if AHPRA or any other applicable regulatory or accreditation body ceases, suspends, or places conditions or restrictions on the provider's registration.

¹ The National Registration and Accreditation Scheme as regulated by the Australian Health Practitioner Regulation Agency.

b. Providers not covered under the National Registration and Accreditation Scheme

These providers must:

- Be professionally qualified and/or a member of a professional body recognised by Medibank (except for optical dispensers);
- Meet all of the standards set out by the Private Health Insurance (Accreditation) Rules and Regulations and any applicable peak body that governs and/or regulates the professional standards applicable to a particular provider;
- Notify Medibank within 10 business days if the provider is charged with an indictable offence or the provider's professional association ceases, suspends or places conditions or restrictions on the provider's qualification and/or membership.

3. Facilities

All providers must:

- Have facilities that, in Medibank's opinion, meet the standards expected of a professional service provider;
- Practice from and consult with patients at professional, clinically appropriate facilities which, to avoid doubt, excludes facilities incorporated into a retail business setting² (this excludes the dispensing of optical goods and hearing aids);
- Comply with any Australian state and territory laws relating to facilities in which the treatment is provided and, where applicable, have permission or approval to supply a treatment of that kind, in which case the facilities must have that permission or approval;
- Not operate in a setting that, in the opinion of Medibank, is a business model that may result in a conflict of interest. This includes, but is not limited to, a setting that creates the inference of a financial, professional or personal interest or relationship between the provider and a third party that may, in Medibank's opinion, impact on the treatment or provision of goods or services to the patient.

4. Service integrity

All providers must:

- Make available to Medibank or its authorised representatives, on request and within 10 business days, patient records relating to Medibank's members for the purpose (and related purposes) of validating services provided to Medibank's members by the provider.
- Where the patient records are not in the possession of the Recognised Provider, the Recognised Provider consents to the holder(s) of the patient records making the records available to Medibank or its authorised representatives for the above purposes. This requirement and consent shall survive notwithstanding the Recognised Provider's ceasing to practice at a particular location or the suspension or cancellation of a Recognised Provider's recognition;
- Notify Medibank within 10 business days if the provider is no longer in independent private practice;

² A 'retail business setting' is defined as a location where the primary business purpose, in the opinion of Medibank, is the provision of goods or services that are non-clinical in nature.

- Communicate with Medibank in English;
- Not discriminate against a Medibank member (for example, by treating them differently to other patients) on the basis of the member holding private health insurance, or a particular level of cover. This includes imposing a financial charge or offering an inducement in respect of the provider's services that would not be imposed or offered if private health insurance, or a particular level of cover, was not held.

5. Patient records

All providers must:

- Maintain comprehensive and accurate patient records that comply with applicable laws and professional standards, including, but not limited to, privacy and health records management legislation (including the Commonwealth *Privacy Act 1988*) and industry codes and standards relating to collecting, using and disclosing personal and sensitive information;³
- Ensure that patient records for Medibank's members:
 - identify the service provider;
 - are in chronological order and made at the time of providing the service or as soon as practicable afterwards;
 - clearly identify the patient and the treatment provided including, but not limited to, relevant medical history, presenting complaint, details of previous treatments and referrals;
 - are a detailed, true and accurate reflection of all treatments/services/goods provided;
 - are stored in a manner that allows for prompt retrieval
 - are written in English;
 - are in a format that is understandable by a third party and allows for continuity of care; and
 - in the case of Natural Therapies, identify technique used, body parts treated and methods applied, in addition to specific details of goods supplied, including dosage;
- Where not otherwise specified under applicable laws or professional standards, retain patient records for a minimum of 7 years from the date the relevant service is provided to a Medibank member.

6. Billing integrity

All providers must:

- Comply with the terms and conditions of electronic claiming facilities including, but not limited to, HICAPS and CSC HealthPoint, where a provider elects to use such electronic claiming facilities;
- Obtain the informed financial consent of Medibank's members prior to the commencement of any treatment or the provision of any goods;
- Immediately stop using electronic claiming, or any other claiming channel, to process health insurance claims in respect of Medibank's members at Medibank's request;

³ As defined under the *Privacy Act 1988* [Cth].

- Where the provider elects not to use electronic claiming facilities, provide a valid invoice to a Medibank member for services provided;
- Have and use a current provider registration number for each location where the provider engages in private practice and bill Medibank members for services at that location. All accounts, receipts and other supporting documentation should clearly reflect the physical location where the service or goods were provided;
- Not allow (whether knowingly or otherwise) another person to bill services to Medibank's members under their provider registration number when the services were not provided by the provider (except for optical dispensers, dental hygienists, dental therapists and oral health specialists);
- Immediately notify Medibank of any suspected misuse or abuse of their provider registration number;
- Provide all billing related information to Medibank's members customers in English;
- Issue receipts in sequential order with individual invoice/receipt number
- Provide Medibank's members with a separate receipt and/or invoice for each date of service that is issued on the provider's official stationery or bears the provider's official stamp or is otherwise identifiable as an original document and:
 - itemises in full all treatments provided on the relevant date of service;
 - clearly states the date of payment and the payment status;
 - details the patient's name, address and other relevant identifying details; and
 - is signed by the service provider or their authorised representative (if the receipt is signed by an authorised representative the representative's name should also be listed and legible);
- When treating a family member and/or business partner, ensure billing is strictly in accordance with Medibank's Fund Rules.

7. Provider personal information

By providing services to Medibank's members a provider:

- Consents to Medibank collecting their personal information⁴ in order to register them as a Recognised Provider and to enable claims to be assessed for payment from Medibank following treatment of a Medibank member;
- Consents to the use and disclosure of their personal information in order to:
 - process their application and manage their registration;
 - manage Medibank's relationship with them;
 - promote their status as a Recognised Provider to Medibank's members, including on Medibank's website;
 - promote the location of their practice and their modalities to Medibank's members;
 - process and audit payments and claims;
 - detect, analyse, investigate, pursue or prevent suspected fraudulent and/or abusive practices;
 - manage and resolve any legal or commercial complaints or issues;
 - perform other functions and activities relating to Medibank's business; and
 - comply with Medibank's legal obligations.

Concerns or queries about the manner in which personal information is handled can be directed to Medibank's Privacy Officer by writing to privacy@medibank.com.au.

Failing to satisfy Medibank's Requirements

If, in Medibank's opinion, a Recognised Provider fails to satisfy these Requirements or any other concern that Medibank reasonably identifies, Medibank may:

- Give the provider 10 business days' notice to respond to Medibank's concerns about their conduct or practices;
- Seek to have the provider explain their conduct (including in writing);
- Seek to meet with the provider to respond to concerns identified by Medibank;
- Seek restitution for the services billed to Medibank's members where fraudulent, improper or erroneous billing has occurred and/or where services do not meet the requirements of AHPRA, National Boards or any other applicable peak body that governs or regulates a particular provider's standards, or Medibank's Fund Rules;
- Report the matter to the relevant professional association or regulatory or law enforcement agency, including, but not limited to, AHPRA, the Health Care Complaints Commission and the relevant National Board or other body;
- Suspend or cease recognition of a Recognised Provider while an investigation by Medibank or by an authorised third party is underway; or
- Suspend or no longer recognise any or all providers operating at a particular location if, in Medibank's opinion, the location is identified as being associated with suspected fraud or improper conduct.

⁴ As defined under the *Privacy Act 1988* [Cth].

Suspension or cancellation of Recognised Provider status

Medibank reserves the right to suspend or cancel a Recognised Provider's recognition if it considers it reasonable. This may be where a Recognised Provider fails to satisfy these Requirements or in circumstances where Medibank considers that suspension or cancellation of recognition is reasonable.

Examples of circumstances in which Medibank may suspend or cancel a Recognised Provider's recognition include, but are not limited to:

- Medibank considers that the provider has exceeded a reasonable utilisation level taking into account the average services provided. 'Reasonable utilisation level' refers to the average services provided to Medibank members compared to peers in the same modality with similar demographic criteria as determined by Medibank;
- Medibank considers that the provider has exceeded a fair and reasonable charge for treatment or goods provided. 'Fair and reasonable charge' refers to the average charge billed by the provider to other Medibank members and/or compared to average billing of peers in the same modality with similar demographic criteria as determined by Medibank;
- A provider is found to be in breach of any law or is convicted of a crime;
- Medibank considers that a provider has brought into disrepute, or has potentially brought into disrepute, the Medibank brand, its reputation within the community or its professionalism;
- Medibank considers that a provider's style of advertising or promotion infers that treatment, goods or services offered by the provider are non-clinical in nature;
- Medibank makes a business decision to no longer recognise providers of a certain type;
- A provider fails to properly handle personal information, including financial information, of patients, in breach of relevant privacy laws;
- The provider's conduct does not meet the duty of care, skill and diligence appropriate to the treatment that a provider of that class should have provided;
- In Medibank's opinion, the provider refuses to make available upon reasonable request (where reasonable notice is given) information requested by Medibank which is relevant to a member's receipt of treatment from a provider;
- A provider is no longer recognised by or has been removed from a professional association of which the provider should be a member (including being removed because of a breach of the professional association's articles of association or required standards of conduct);
- In Medibank's opinion, the provider has breached the code of conduct of AHPRA or their professional association;
- The provider has used Medibank trademarks without the express permission of Medibank, or continues to do so in circumstances where they have been asked to stop;
- The provider has failed to take steps, as required by Medibank, to remedy a failure to satisfy these Requirements, or applicable supplementary conditions, or is unable to rectify that failure to Medibank's satisfaction;
- The provider has acted improperly, in Medibank's opinion, and has adversely affected the interests of any of Medibank's members;

- The provider has, in Medibank's opinion, through unacceptable conduct, adversely affected Medibank's financial interests, e.g. providing a Medibank member with a false and/or misleading account/receipt;
- The provider's unique provider registration number is used by another person to bill services not provided by the Recognised Provider (except for dental hygienists, dental therapists and oral health specialists);
- Medibank, in its absolute discretion, chooses to no longer recognise a particular provider.

Other matters

These Requirements are available on Medibank's website and were last updated on 24 March 2015. These Requirements may be amended by Medibank from time to time. All Recognised Providers are encouraged to regularly visit Medibank's website to keep up to date with the most recent updates to these Requirements.

Medibank may, from time to time, issue supplementary conditions as it considers reasonable, including to address specific issues relevant to particular provider groups. Where Medibank does so, Medibank will make all relevant documents available on its website.