

Medibank Private Provider Application Form



Complete this Application Form to apply for recognition as a provider of services for Medibank Private.

Request details

Name of service

Type the service you are applying to be recognised as a provider for:

(eg dentist, acupuncturist, chiropractor, remedial massage therapist)

Applicant details

Title

First name

Last name

Provider details

Company details (if applicable)

Company name

ABN number

Practice details

Type the full address (strictly no PO Box) of all the private practices to be considered:

Practice 1.

(street number and name)

(suburb, town)

(state)

(postcode)

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Practice 2.

(street number and name)	
(suburb, town)	
(state)	(postcode)

Practice 3.

(street number and name)	
(suburb, town)	
(state)	(postcode)

Other

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Nature of application (public or private provider)

Are you making an application to be recognised as a Provider of Ancillary Services in public practice?

(Important Note: it is a general requirement under Medibank Private’s Fund Rules that Ancillary Providers are in private practice. However, Medibank may grant recognition to Ancillary Providers in public practice where it would be harsh and/or unfair to apply the general rule e.g. public providers in rural or remote areas)

Yes No

If yes, please complete the following ‘Public provider undertakings’ section. If no, please skip to the ‘Declaration’ section below.

Public provider undertakings

Please indicate that you have read and agree to comply with the following requirements if your application for recognition as a public provider is approved:

1. I will not under any circumstances make a claim for payment from Medibank Private in relation to the provision of treatment where I have already made a claim (or intend to make such a claim) from Medicare in relation to the same provision of treatment.

I agree

2. I will use reasonable endeavours to make all records relating to my practice available to Medibank Private upon request.

I agree

3. I acknowledge that Medibank Private is entitled to audit:

(i) the premises at which I conduct my practice (as detailed above); and

(ii) all existing records (both physical and electronic) relating to the provision of treatment by myself at that practice.

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I will provide such assistance as is reasonably requested by Medibank Private in order to facilitate such an audit.

I further acknowledge that Medibank Private may be entitled to revoke my recognition status if the results of such an audit reveal that I am not eligible to be recognised.

I agree

Declaration

I declare that to the best of my knowledge and belief, all the information provided above is true and correct.

Applicant's signature _____

Date _____ / _____ / _____

Submit

1. Attach a certified true copy of your certificate of registration from your Board or Association.
2. Send these papers to:

Medical and Ancillary

Adjustments and Registrations

GPO BOX 9999

Melbourne 3001

Under Medibank Private's Fund Rules it is a general requirement that Ancillary Providers are in Independent Private Practice. Medibank Private reserves the right to verify this from time to time.

Despite the above, Medibank Private may grant recognition to an Ancillary Provider who is *not* in private practice where it would be harsh and/or unfair to apply the general rule. Medibank Private has absolute discretion in deciding such applications.

'Independent Private Practice' means a professional practice (whether sole, partnership or group) that is self-supporting. This means that accommodation, facilities and services are not provided or subsidised by another party such as a **Public Hospital** or publicly funded facility.