

Application for recognition as a Provider of Optical Dispensing services

Definitions

AHPRA refers to the Australian Health Practitioner Regulation Agency.

Fund Rules refers to 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 provided to Medibank members.

Recognition Criteria refers to Medibank's Ancillary Provider Recognition Criteria available at <https://www.medibank.com.au/providers/requirements/> and as otherwise updated from time to time.

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 t 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 <input type="checkbox"/> No <input type="checkbox"/>
Previous convictions:	
Does the Applicant 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:	
Has the Applicant, or any director of the Applicant (if a company) held a Medibank Provider Number previously? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: [please refer to the Notes at the end of this form for more detail about ID requirements]	
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) (Certified copies of qualification documents to be attached)	
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 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)