

HCF MEDICOVER CHANGE OF NOMINATION FOR MEDICOVER FORM

DO NOT use this form to register for Medcover or to advise of a change in details other than to change your Nomination as a Medcover No Gap or Known Gap Recognised Provider.

NOTE

You cannot nominate for both No Gap and Known Gap at the same time – you can only choose ONE. You can change your nomination at any time however it will take **30 days** from date of receipt of your nomination by HCF to become effective.

HCF Medcover is not available to Pathologists, Radiologists or Doctors employed fully or partially by a publicly funded facility.

HCF will no longer accept hand written forms and all fields will need to be clearly typed and readable.

1. PROVIDER DETAILS

Provider name

Email address

Phone no*

 ()

Postal address*

PROVIDER NUMBERS	FACILITY/ HOSPITAL NAME OR LOCATION ASSOCIATED WITH PROVIDER NUMBER	MUST TICK ONLY ONE OPTION PER PROVIDER NUMBER	
		NO GAP RECOGNISED PROVIDER	KNOWN GAP RECOGNISED PROVIDER
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Please note: Nominations will only be changed for provider numbers mentioned on this form.

2. PROVIDER'S DECLARATION

Please accept my change of nomination for HCF Medcover.

I have read and agree to the HCF Medcover Terms and Conditions which include the HCF Privacy Policy.

I understand my Nomination will not be effective for 30 days from date of receipt of this form by HCF.

Provider's signature

Date

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The HCF Medcover Terms and Conditions can be found on the HCF Provider Portal, HCF's Privacy Policy may be found at: www.hcf.com.au/privacy-policy/

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Send your fully completed form to HCFL



MAIL TO

**HCF Medcover Registration
GPO BOX 4242 Sydney NSW 2001**



EMAIL US

HospitalMedicalRegistrations@hcf.com.au

Hospitals Contribution Fund of Australia Limited

ABN 68 000 026 746

403 George Street, Sydney, NSW 2000

GPO Box 4242, Sydney NSW 2001

T 1800 670 302

FOR OFFICE USE ONLY

Date of registration

Entered by (User ID)

Date of confirmation letter issued

Reference no. used