

MORE FOR YOU PROGRAM APPLICATION

Apply to be an HCF *More for You* program provider.

Complete and return via:

Email **provider_networks@hcf.com.au**

Mail **Provider Relations**

GPO Box 4242,

Sydney NSW 2001

1 PROVIDER DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title First name Last name

Medicare provider number (if applicable) Which board or industry body governs your profession?

2 BUSINESS, PRACTICE AND CONTACT DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Name of the clinic or practice ABN or ACN

Business name (if different from above) ABN or ACN

Lot number Suite/unit number Building and floor number/property name (if applicable)

Unit no. Street no. Street name Street type

Suburb State Postcode Phone Mobile

Postal address if different from the above

Postal address line 1 Postal address line 2

Suburb State Postcode

Email Website

3 SELECT THE PROGRAM YOU WISH TO PARTICIPATE IN (PLEASE TICK ONE OF THE BOXES BELOW)

<input type="checkbox"/> <i>More for Backs</i> program (Chiropractor)	<input type="checkbox"/> <i>More for Teeth</i> program (General Dentist)	<input type="checkbox"/> <i>More for Eyes</i> program (Optometrist)
<input type="checkbox"/> <i>More for Backs</i> program (Osteopath)	<input type="checkbox"/> <i>More for Teeth</i> program (Dental Hygienist)	<input type="checkbox"/> <i>More for Eyes</i> program (Optical Dispenser)
<input type="checkbox"/> <i>More for Feet</i> program (Podiatrist)	<input type="checkbox"/> <i>More for Teeth</i> program (Dental Therapist)	
<input type="checkbox"/> <i>More for Muscles</i> program (Physiotherapist)	<input type="checkbox"/> <i>More for Teeth</i> program (Oral Health Therapist)	

4 DECLARATION

I understand that HCF provider recognition, including participating in this program, is at HCF's sole discretion. I have read and agree to abide by the **Terms and Conditions for HCF Recognised Providers of Extras Services**, the terms and conditions for my selected participating provider network, and the **HCF Privacy Policy**. I certify that the above details are true and complete.

Signature Date (DD MM YYYY)

Call us on **1300 799 275** for more information.

The Hospitals Contribution Fund of Australia Ltd.

ABN 68 000 026 746 AFSL 241 414.

HCF Life Insurance Company Pty Limited.

ABN 37 001 831 250 AFSL 236 806

HCF House 403 George Street, Sydney, NSW 2000

Postal Address: GPO Box 4242, Sydney NSW 2001

hcf.com.au