

APPLICATION FOR PROVIDER RECOGNITION

If you're applying for recognition for more than 1 treatment type or more than 1 location, please complete a separate form for each profession and for each practice address. See **HCF's Terms and Conditions for HCF Recognised Providers of Extras Services**

To apply for our **More for You** programs, you'll need to complete a **More for You program application form** and email it to **provider_networks@hcf.com.au**

Complete and return via:

Email **provider_relations@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)

Business name ABN or ACN

Parent company name (if you are owned or franchised by a separate business entity) 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 YOUR PROFESSION

Audiologist	Optical dispenser	Podiatrist	Dental professionals:	Oral health therapist
Chiropractor	Optometrist	Physiotherapist	Dental hygienist	Oral surgeon
Diabetes educator	Orthoptist (AOB registered)	Psychologist	Dental prosthetist	Orthodontist
Dietician	Orthotist/Prosthetist	Accredited mental health social worker	Dental therapist	Pedodontist
Exercise physiologist	Osteopath	Speech therapist	Endodontist	Periodontist
Occupational therapist	Pedorthist		General dentist	Prosthodontist
Ophthalmologist				

Note: Acupuncture, Chinese Herbal Medicine, Counsellors, Myotherapy, Remedial Massage.

To apply for HCF recognition or to update your existing HCF provider details please inform your professional association, and they'll update HCF directly on your behalf.

4 DECLARATION

I wish to apply for HCF provider recognition. I understand that I must meet the HCF recognition criteria for my profession, and I understand that HCF provider recognition 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** and **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

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