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 for 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
fax 1800 593 755
mail Provider Relations, GPO Box 4242, Sydney NSW 2001

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

Title | First name | Surname

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 | Shop number | Building and floor number/property name (if applicable)

Unit no. | Street no. | Street name | Street type

Suburb | State | Postcode

Phone | Fax | Mobile

Email

@ . .

Website

W W W .

3 SELECT YOUR PROFESSION

- Audiologist ☐
- Chiropractor ☐
- Diabetes educator ☐
- Dietician ☐
- Exercise physiologist ☐
- Occupational therapist ☐
- Opthalmologist ☐
- Optical dispenser ☐
- Optometrist ☐
- Orthoptist (AOB registered) ☐
- Orthotist/Prosthetist ☐
- Osteopath ☐
- Pedorthist ☐
- Podiatrist ☐
- Physiotherapist ☐
- Psychologist ☐
- Accredited mental health social worker ☐
- Speech therapist ☐

Dental professional

- Dental hygienist ☐
- Dental prosthetist ☐
- Dental therapist ☐
- Endodontist ☐
- General dentist ☐
- Oral health therapist ☐
- Oral surgeon ☐
- Orthodontist ☐
- Pedodontist ☐
- Periodontist ☐
- Prosthodontist ☐

Note: Remedial Massage, Myotherapy, Acupuncture, Chinese Herbal Medicine and Counsellors.
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 the HCF Privacy Policy. I certify that the above details are true and complete.

Signature | Date (DD MM YYYY)

X

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

The Hospitals Contribution Fund of Australia Limited.
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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