APPLICATION FOR PROVIDER RECOGNITION

HCF recognise providers of general treatment in independent private practice (i.e. not working in a hospital or a subsidised facility). Please complete a separate form for each additional speciality and each different practice address for which you seek recognition. To apply for our *More for You* programs, please complete a More for You program application form.

Complete and fax to **02 8296 4758**, alternatively you can email **provider_relations@hcf.com.au** or 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 (if different from section 1) | 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 PLEASE TICK THE BOX FOR WHICH YOU ARE REQUESTING RECOGNITION (PLEASE TICK ONE OF THE BOXES BELOW)

- Audiologist ☐
- Chiropractor ☐
- Diabetes educator ☐
- Dietician ☐
- Exercise physiologist ☐
- Occupational therapist ☐
- Osteopath ☐
- Orthoptist (AOB registered) ☐
- Physiotherapist ☐
- Podiatrist ☐
- Psychologist ☐
- Speech therapist ☐
- Optometrist ☐
- Podiatrist ☐
- Psychologist ☐
- Speech therapist ☐
- Optometrist ☐
- Ophthalmologist ☐
- Optical Dispenser ☐

Dental professional

Hygienist and Oral therapist are recognised through their supervising dentist

- General dentist ☐
- Endodontist ☐
- Oral surgeon ☐
- Orthodontist ☐
- Pedodontist ☐
- Periodontist ☐
- Prosthetist ☐
- Prosthodontist ☐

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 General Treatment 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

HCF House 403 George Street, Sydney, NSW 2000
Postal Address: GPO Box 4242, Sydney NSW 2001

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