

HCF MEDICOVER CHANGE OF EXISTING DETAILS FORM

This form is for providers who are already HCF Medcover registered providers. To *Register for Medcover* for the first time or *Change Your Nomination* for Medcover please visit:
www.hcf.com.au/HCFMedicalProviderPortal

How to use this form:

- To change the postal address, email address or contact number for your provider number please complete sections 1 and 3
- To change the Bank Account Details for your HCF Medcover registered provider numbers, please fill in sections 1, 2 and 3.
- Details will only be changed for the provider numbers listed on this form.
- HCF will no longer accept hand written forms and all fields will need to be clearly typed and readable.

1. PROVIDER DETAILS

Provider name

Provider numbers

Postal address (for correspondence)*

Practice phone no*

Practice email address*

Public hospital providers please confirm you are a visiting medical officer in private practice

 Yes, I confirm I am a visiting medical officer in a private practice

Preferred HCF participating hospital for treatment

Area of speciality

Contact person's name

Contact person's phone no.

Contact person's email address

2. ACCOUNT DETAILS

Please fill in the banking details below.

If you have providers that are attached to a different bank account, please register these on another registration form.

Financial institution name

Financial institution address

Account name

Account BSB & number

BSB:

Number:

3. PROVIDER'S DECLARATION

Please update my details for my HCF Medcover Registration. I have read and agree to the HCF Medcover Terms and Conditions which include the HCF Privacy Policy.

I certify that the above details are correct and acknowledge that my details will only be updated from the date of receipt of this form by HCF.

I authorise payment of benefits to be credited to my account by electronic funds transfer. I acknowledge that HCF will not accept any liability if banking details provided by me are incorrect. HCF requires at least **14 day's notice** if banking details change or we will not be responsible for payments going in to the incorrect account.

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

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/

Send your fully completed form to HCF:



MAIL TO

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



EMAIL US

HospitalMedicalRegistrations@hcf.com.au

Hospitals Contribution Fund of Australia Limited

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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

HCF Medcover Change of details V042023