

HCF MEDICOVER CHANGE OF NOMINATION FOR MEDICOVER FORM

DO NOT use this form to register for Medcover or to advise of a change in details other than to change your Nomination as a Medcover No Gap or Known Gap Recognised Provider.

NOTE

You cannot nominate for both No Gap and Known Gap at the same time – you can only choose ONE. You can change your nomination at any time however it will take **30 days** from date of receipt of your nomination by HCF to become effective.

HCF Medcover is not available to Pathologists, Radiologists or Doctors employed fully or partially by a publicly funded facility.

1. PROVIDER DETAILS

Provider name

Email address

Phone no*

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Postal address*

PROVIDER NUMBERS	FACILITY/ HOSPITAL NAME OR LOCATION ASSOCIATED WITH PROVIDER NUMBER	MUST TICK ONLY ONE OPTION PER PROVIDER NUMBER	
		NO GAP RECOGNISED PROVIDER	KNOWN GAP RECOGNISED PROVIDER
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Please note: Nominations will only be changed for provider numbers mentioned on this form.

2. PROVIDER'S DECLARATION

Please accept my change of nomination for HCF Medcover.

I have read and agree to the HCF Medcover Terms and Conditions which include the HCF Privacy Policy.

I understand my Nomination will not be effective for 30 days from date of receipt of this form by HCF.

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 HCFL



MAIL TO

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



EMAIL US

HospitalMedicalRegistrations@hcf.com.au

Hospitals Contribution Fund of Australia Limited

ABN 68 000 026 746

403 George Street, Sydney, NSW 2000

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