

TELEHEALTH IN EXTRAS POLICIES AVAILABLE UNTIL 30 JUNE 2021

TO BE COMPLETED BY THE PROVIDER

22 June 2020

From 30 March until 30 June 2021 in response to the COVID-19 physical distancing measures, we are relaxing our requirement for in-person treatment so members can receive benefits for telehealth services whose codes are listed below. These services include birthing classes, exercise physiology, dietetics, physiotherapy, podiatry, occupational therapy, psychology and speech pathology. Please complete and give this form to your HCF patients to submit to us along with your invoice.

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

First name	Surname	Date of birth (DD MM YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name		
<input type="text"/>		
Provider number	Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 TYPE OF TELEHEALTH CLAIM

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Birthing Classes <input type="checkbox"/> Dietetics <ul style="list-style-type: none"> <input type="checkbox"/> 301 (Individual initial assessment by teleconsultation) <input type="checkbox"/> 302 (Individual subsequent treatment by teleconsultation) <input type="checkbox"/> Exercise Physiology <ul style="list-style-type: none"> <input type="checkbox"/> 710 (Individual initial assessment by teleconsultation) <input type="checkbox"/> 712 (Individual subsequent treatment by teleconsultation) <input type="checkbox"/> Lactation Consultation <input type="checkbox"/> Occupational Therapy <ul style="list-style-type: none"> <input type="checkbox"/> 601 (Individual initial assessment by teleconsultation) <input type="checkbox"/> 602 (Individual subsequent treatment by teleconsultation) <input type="checkbox"/> Physiotherapy <ul style="list-style-type: none"> <input type="checkbox"/> 811 (Individual initial assessment by teleconsultation) <input type="checkbox"/> 812 (Individual subsequent treatment by teleconsultation) | <ul style="list-style-type: none"> <input type="checkbox"/> Podiatry <ul style="list-style-type: none"> <input type="checkbox"/> 901 (Individual initial assessment by teleconsultation) <input type="checkbox"/> 902 (Individual subsequent treatment by teleconsultation) <input type="checkbox"/> Psychology after Medicare GP Mental Health Plan used up <ul style="list-style-type: none"> <input type="checkbox"/> 801 (Individual subsequent treatment by teleconsultation) <input type="checkbox"/> I certify that the patient above has had a Medicare entitlement to psychology for this year and has exhausted his or her psychology benefits for the calendar year <input type="checkbox"/> Speech Pathology <ul style="list-style-type: none"> <input type="checkbox"/> 501 (individual initial assessment by teleconsultation) <input type="checkbox"/> 502 (individual subsequent treatment by teleconsultation) |
|---|---|

4 DESCRIPTION OF CONDITION BEING TREATED (OR ICD-10 CODE) (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Date of service (DD MM YYYY)
<input type="text"/>
<input style="height: 100px;" type="text"/>

Please complete and sign section 5 overleaf

5 DECLARATION

I declare that:

- all the information on this form is true and correct;
- I provided the services detailed above using the following secure, industry approved telehealth platform;

- these telehealth services have not been claimed through Medicare or any other third party;
- I understand and have upheld my privacy obligations;
- I have read, and confirm that I am compliant with, my Association's telehealth guidelines;
- I understand that the HCF Fund Rules and HCF Terms and Conditions for Recognised Providers of General Treatment still apply to all claims, including invoicing and recognition requirements; and
- I understand that these telehealth benefits are temporary and only apply to eligible services delivered from 30 March 2020 until 30 June 2021.

Signature

Date (DD MM YYYY)

- if you choose to sign by use of digital signatures, I confirm that I consented to the use of digital signatures and it is my signature affixed to this form.