

Application for HBF Provider Registration

Your health is all that matters. 

Please complete **all sections**, attach all relevant documentation (if applicable) and return to:
Provider Registration Officer
HBF Health Operations – Provider Support
GPO Box C101
Perth WA 6809

Applications can be emailed to provreg@hbf.com.au or faxed to **(08) 9265 6282**. Please allow approximately 14 days for processing.

Please note: This application will be returned if all relevant documentation/information is not supplied. Please print clearly and complete all sections. If a section isn't applicable to you please write N/A and do not leave blank.

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APPLICANT DETAILS

Title	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (All HBF written communications will be directed to this address)		Postcode
<input type="text"/>		<input type="text"/>
Email address	Contact number	
<input type="text"/>	<input type="text"/>	

Profession/s for which you are seeking HBF Provider Registration

Providers of the services listed in this section must maintain membership with a HBF accredited association who is accredited for that type of service. A listing of HBF accredited associations and their respective modalities can be found at www.hbf.com.au

- | | | | |
|--|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Alexander Technique | <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Bowen Therapy | <input type="checkbox"/> Feldenkrais |
| <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Hypnotherapy | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Myotherapy |
| <input type="checkbox"/> Naturopathy | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Pilates | <input type="checkbox"/> Reflexology |
| <input type="checkbox"/> Remedial Massage | <input type="checkbox"/> Shiatsu | <input type="checkbox"/> Western Herbalism | <input type="checkbox"/> Yoga |

Acupuncture and Chinese Herbal Medicine practitioners are require to be registered with the Australian Health Practitioner Regulation Agency (AHPRA). Please provide proof of AHPRA registration.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Chinese Herbal Medicine |
|--------------------------------------|--|

AHPRA registration number:

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CRITERIA

Please complete the applicable criteria details for your profession

HBF Approved Association Membership/registration must be currently active.
Name of Association
Registration Membership No.
Expiry Date
Service
HBF Approved Association Membership/registration must be currently active.
Name of Association
Registration Membership No.
Expiry Date
Service

PLEASE TURN OVER 

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PRACTICE DETAILS FOR WHICH HBF PROVIDER REGISTRATION IS REQUESTED

Please complete details for each location. This page can be photocopied if necessary.

Name of practice registered

Payee Name (eg. ABC Acupuncture; or J A Smith. – Provider payee name for HBF benefit cheques to be issued)

Have you already been issued a Provider Number for this location by Medibank?
(HBF may allocate the same number. If not supplied, an HBF Provider Number may be issued.)

Number

E-mail address of practice

Is this practice: New Existing

Street address of practice (PO Box is not acceptable)

Suburb

Postcode

Telephone

Fax

What date did you commence / intend to commence practice at this location?

Name of practice registered

Payee Name (eg. ABC Acupuncture; or J A Smith. – Provider payee name for HBF benefit cheques to be issued)

Have you already been issued a Provider Number for this location by Medibank?
(HBF may allocate the same number. If not supplied, an HBF Provider Number may be issued.)

Number

E-mail address of practice

Is this practice: New Existing

Street address of practice (PO Box is not acceptable)

Suburb

Postcode

Telephone

Fax

What date did you commence / intend to commence practice at this location?

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DECLARATION

I understand that:

- The Provider Number I am applying for is not transferable to any other practice location or Provider;
- Whilst I am a registered HBF Approved Provider I must:
 - maintain current membership with an HBF Approved Association/ or AHPRA at all times and if the Association I am currently a member of is no longer approved by HBF for the services I provide, or no longer approved at all, then my registration with HBF will no longer be current; to keep my HBF registration it is my responsibility to become an active member of another HBF Approved Association.
 - maintain current professional indemnity insurance for the profession I practice at all times.
 - comply with HBF Fund Rules including the obligations of Approved Providers;
 - comply with conditions which have been or may be specified by HBF from time to time including requirements in relation to billing and accounting, the provision of treatment records and the repayment of benefits paid to the provider contrary to HBF Fund Rules;
 - comply with conditions of HBF Fund Rules or any other document describing the relationship between HBF and me.
- Failure to comply with the conditions may result in cancellation of my registration;
- No benefit will be payable for services rendered to a 'relative' of mine, when the 'relative' is a person included on my HBF policy .
- I must only provide a treatment, good or service to an HBF Member while engaging in Private Practice if I do not otherwise make that treatment, good or service available to persons while not engaging in Private Practice;
- Should any information contained in this application change, HBF must be notified within 14 working days of the change.

I (full name)

am applying to HBF for registration as a provider of

services, and declare that all the information and attachments supplied are true and correct. I agree to comply with all conditions of registration which have been, or may in the future be, specified by HBF, including the requirements specified in this document,

Signature of Applicant

Date

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PRIVACY STATEMENT

HBF Health Limited (HBF) complies with the Privacy Act 1988 (Cth) to ensure that your personal (including sensitive) information (Information) is protected. HBF will use the Information collected to register you as an HBF Approved Provider. We may not be able to perform this function or only perform it to a limited extent if you do not provide us with your Information. We may disclose your personal information to HBF members and health organisations when paying benefits, to HBF members when promoting you as a provider on the HBF website or other distribution channels and to your relevant professional association and external consultants for the purpose of reviewing irregularities in claiming patterns and trends.

HBF collects, uses and discloses your Information in accordance and our Privacy Policy which is available at www.hbf.com.au or on request by calling an HBF Member Service Advisor on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law and make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complain.

If you have any questions about how HBF handles your Information, please contact our Privacy Officer by writing to GPO Box C101, Perth, Western Australia, 6809.