

Health Fund Provider Information – Eligibility

On joining AAMT you signed an agreement to keep your First Aid and Insurance up-to-date, earn CPE points (30 for Massage Therapists and 40 for Remedial Massage Therapists) and to forward these details to AAMT. AAMT lists all of these details, including Membership Renewal Date, on the

E-newsletter sent every month and on Annual Membership Renewal Invoices. If AAMT does not receive these details, or they are not kept up to date, your details cannot be sent to Health Funds.

The following categories outline Membership Grade and eligibility for Health Fund Provider

Status with Individual Health Funds. If you meet the criteria set in the MEMBERSHIP and REQUIREMENTS columns then you are eligible for Provider Status with the Health Funds listed in the ELIGIBLE HEALTH FUNDS Column.

	MEMBERSHIP TYPE	REQUIREMENTS	ELIGIBLE HEALTH FUNDS
CATEGORY A	Remedial Massage Therapist	<ul style="list-style-type: none"> • Diploma of Remedial Massage Therapy (HLT50302/ HLT50307) ONLY • AAMT has a copy of up-to-date Senior/Level 2 First Aid • AAMT has a copy of up-to-date Malpractice Insurance • Current Financial Member of AAMT • CPE Points (40 points per annum) • AAMT has accurate details of clinic address/es 	<ul style="list-style-type: none"> • Australian Health Management • Australian Regional Health Group • BUPA Australia Health • CBHS Health Fund Limited (Commonwealth Bank) • Medibank Private • nib • The Doctors' Health Fund • Australian Unity • GU Health • HBF • HCF
CATEGORY B	Remedial Massage Therapist	<ul style="list-style-type: none"> • Diploma of Remedial Massage Therapy (HLT50302/ HLT50307) • Assessed qualifications on Health Fund lists prior to July 1 2009 • AAMT has a copy of up-to-date Senior/Level 2 First Aid • AAMT has a copy of up-to-date Malpractice Insurance • Current Financial Member of AAMT • CPE Points (40 points per annum) • AAMT has accurate details of clinic address/es 	<ul style="list-style-type: none"> • Australian Health Management • Australian Regional Health Group • BUPA Australia Health • CBHS Health Fund Limited (Commonwealth Bank) • The Doctors' Health Fund • HCF • nib
CATEGORY C	Massage Therapist	<ul style="list-style-type: none"> • Certificate IV of Massage Therapy (HLT40302/ HLT40307) • Assessed qualifications on Health Fund lists prior to July 1 2009 • AAMT has a copy of up-to-date Senior/Level 2 First Aid • AAMT has a copy of up-to-date Malpractice Insurance • Current Financial Member of AAMT • CPE Points (30 points per annum) • AAMT has accurate details of clinic address/es 	<ul style="list-style-type: none"> • Australian Regional Health Group • CBHS Friendly Society (Commonwealth Bank)
CATEGORY D	Myotherapist <i>NB Myotherapy and Remedial Massage must be advised to HFs separately.</i>	<ul style="list-style-type: none"> • Advanced Diploma of Remedial Massage Therapy (21920VIC/21511VIC) • AAMT has a copy of up-to-date Senior/Level 2 First Aid • AAMT has a copy of up-to-date Malpractice Insurance • Current Financial Member of AAMT • CPE Points • AAMT has accurate details of clinic address/es 	<ul style="list-style-type: none"> • Australian Regional Health Group • BUPA Australia Health • The Doctors' Health Fund • nib • CBHS • HBF • HCF • Australian Unity

Note: Members with a qualification other than the HLT50302/50307 deemed to be equivalent are also eligible. This may include Bachelor of Health Sciences (Massage Therapy).

Important Health Fund Provider Information

Registering with individual health funds can be a time consuming and confusing process. To simplify and streamline this process for our members, AAMT has gained accreditation with various health funds which allows our eligible members to be registered automatically as a provider! This reduces the process of registering individually and ongoing updating of details with individual health funds for our members. AAMT forwards eligible members details to the health funds listed on a monthly basis.

Therefore, it can take up to 4-6 weeks for all details to become live at individual health funds.

Please read the important information below to see how to qualify and remain on health funds lists. To find out which health funds you are automatically registered with, refer to Table 1 'Summary of Health Funds providing rebates for Massage'. To find out which health funds you have to activate your registration with, refer to Table 2. To find out which health funds you have to apply direct, refer to Table 3. For details on how to register with all other health funds please refer to 'Health funds Additional Information'.

To qualify and remain on the health funds lists sent by AAMT, it is a requirement that:

- you meet the minimum level of membership type/qualification accepted by the health fund
- you are a financial member of AAMT
- ensure AAMT have a current copy of your Certificate of Currency Public Liability Insurance
- ensure AAMT have a current copy of your Senior/Level 2 First Aid Certificate
- AAMT have received or you have recorded your Continuing Professional Education points. (Massage Therapists need 30 points per year and Remedial Massage Therapists need 40 points per year)
- you provide AAMT all practice details including address and phone number (no PO Boxes and landline is preferred).

Receipt requirements

Your receipt may be rubber stamped, a pre-printed receipt book, letterhead or computer generated and must include the following details. *Subsequent accounts must be endorsed 'duplicate copy'.*

Full name of therapist	Client's full name
AAMT member number	Date of treatment
Provider number (when issued)	Type of therapy e.g. Remedial Massage, Massage therapy, Myotherapy
Practice address (cannot be a PO Box!)	Type of treatment e.g. initial or standard consultation
Practice telephone number	Cost for treatment
Business and Trading names (where applicable)	ABN number must be shown

General Accounts and Receipts: (Some key points to remember)

- Pre-signed receipts are not acceptable.
- The services provided must be itemised accurately (e.g. type of treatment, therapists name, clients name).
- Your Provider number is not transferable to another person (i.e. Locum, colleague or employee) or where applicable, another practice location. This is fraud.
- There can be only one original account/receipt. All duplicated accounts/receipts must be endorsed as 'duplicate'.
- Please ensure that AAMT have your current details at all times! Failure will result in AAMT not being able to confirm your current details to the health funds and non-current members will be removed from health funds lists.
- Change of details: If you have registered directly with any health funds (Table 2 + Table 3) do not forget to advise them of any changes to your details. i.e. New practice details etc. We are unable to change your details directly with these health funds.

NOTE: Although every effort is made, AAMT cannot guarantee that all members will be accepted by the health funds as a provider. Members must agree to abide by conditions of individual health funds. Most health funds will not provide a rebate if your client is a family member.

Medibank Private Provider Number

As part of the reporting requirements for Medibank Private (MBP), AAMT are required to include Provider Numbers in the lists uploaded. Therefore, if you are eligible and receive a MBP Provider Number, please either enter it directly via the web member log in (instructions can be found on the AAMT website www.aamt.com.au or email it to info@aaamt.com.au)

Table 1:

Eligible members are automatically registered via AAMT. (Details are updated monthly from AAMT records.)

HEALTH FUND	DETAILS
Australian Health Management	<ul style="list-style-type: none"> • Remedial Massage Therapists ONLY HLT50302 or HLT50307 • Assessed qualifications on their list prior to 1 July 2009 • AHM Providers Numbers can be found at www.ahm.com.au/content/ms/providersearch.asp
Australian Regional Health Group: <ul style="list-style-type: none"> • ACA Health Benefits Funds • Cessnock & District Health Benefits Fund • CUA Health • Defence Health • GMHBA • GMF Health • Health Care Insurance Limited • Health Partners • Health Insurance Fund (HIF) WA • Latrobe Health Services (Federation Health) • Mildura District Hospital Fund • Navy Health Fund • Onemedifund • Peoplecare Health Insurance • Phoenix Health Fund • Police Health Fund (South Australia Only) • Queensland Country Health Fund Ltd • Railway & Transport Health Fund Ltd • Reserve Bank Health Society • St Luke's Health • Teacher's Federation Health • Teachers Union Health • Transport Health • Westfund 	<ul style="list-style-type: none"> • Massage Therapists Cert IV HLT40302 or HLT40307 • Remedial Massage Therapists HLT50302 or HLT50307 • Assessed qualifications on their list prior to July 1 2009 • Advanced Diploma Myotherapy ADV DIP 21511VIC or ADV DIP 21920VIC • Provider Number – 'MT' plus your AAMT member number plus 'R' for remedial massage therapists and 'M' for massage therapists and 'Y' for Myotherapists. e.g. MT12345R or MT12345M or MT12345Y.
BUPA Australia Health <ul style="list-style-type: none"> • ANZ Health Insurance • AXA • Bank SA • BUPA Australia OSHC • Cardmember Health Insurance Plan • HBA • HealthCover Direct • Mutual Community • St George Health Project • National Mutual Health Insurance • Previously MBF + MBF Alliances: NRMA, SGIC Health (SA), SGIO Health (WA) 	<ul style="list-style-type: none"> • Remedial Massage Therapists ONLY HLT50302 or HLT50307 • Assessed qualifications on their list prior to July 1 2009 • Advanced Diploma Myotherapy ADV DIP 21511VIC or ADV DIP 21920VIC • Provider Number – sent to AAMT. A letter will be sent to each practice confirming member provider number/s.
CBHS Health Fund Limited (Commonwealth Bank)	<ul style="list-style-type: none"> • Massage Therapist HLT40302 or HLT40307 • Remedial Massage Therapists HLT50302 or HLT50307 • Advanced Diploma Mytherapy ADV DIP 21511VIC or ADV DIP 21920VIC • Assessed qualifications on their list prior to July 1 2009 • Provider Number – AAMT Member Number e.g. AAMT12345
nib nib requires members to read their provider terms and conditions. Please see attached.	<ul style="list-style-type: none"> • Remedial Massage Therapists ONLY HLT50302 or HLT50307. • Advanced Diploma Myotherapy ADV DIP 21511VIC or ADV DIP 21920VIC • Provider Number – AAMT Member Number e.g. AAMT 12345

Medibank Private	<ul style="list-style-type: none"> • Remedial Massage Therapists ONLY. HLT50302 or HLT50307 • Provider Number – After lists have been processed Medibank will send Provider Numbers to clinic address/es
The Doctors' Health Fund	<ul style="list-style-type: none"> • Remedial Massage Therapists ONLY. HLT50302 or HLT50307 • Advanced Diploma Myotherapy ADV DIP 21511VIC or ADV DIP 21290VIC • Provider Number – AAMT Member Number eg. AAMT 12345
Manchester Unity	<ul style="list-style-type: none"> • Commencing 1 July 2011 now legally HCF members
HCF • Commencing 1 July 2011 includes Manchester Unity	<ul style="list-style-type: none"> • Remedial Massage Therapists ONLY. HLT50302 or HLT50307 • Assessed qualifications on their list prior to July 1 2009 • Advanced Diploma Myotherapy ADV DIP 21511VIC or ADV DIP 21290VIC • Provider Number – AAMT Member Number e.g. AAMT 12345

Table 2

Members need to activate registration DIRECT. (List of members sent by AAMT for verification only).

Australian Unity Ph: 13 29 39 www.australianunity.com.au • To register members need to complete the application form (see attached).	<ul style="list-style-type: none"> • Remedial Massage Therapists ONLY HLT50302 or HLT50307 • Advanced Diploma Myotherapy ADV DIP 21511VIC or ADV DIP 21290VIC • Provider Number – Australian Unity will issue separate provider numbers per practice
Grand United Corporate Health Ph: 1800 249 966 www.guhealth.com.au • To register members need to either telephone or email corporate@guhealth.com.au listing Full name, Association, Member Number, Practice Address and Practice Phone Number.	<ul style="list-style-type: none"> • Remedial Massage Therapists ONLY HLT50302 or HLT50307 • Advanced Diploma Myotherapy ADV DIP 21511VIC or ADV DIP 21290VIC • Provider Number – Grand United Corporate Health will issue separate provider numbers per practice

Table 3

Members need to APPLY DIRECT. (AAMT DO NOT send any information).

HBF Ph: (08) 9265 6125 www.hbf.com.au e: provreg@hbf.com.au • Call, email or visit www.hbf.com.au for an application form	<ul style="list-style-type: none"> • Remedial Massage Therapists ONLY • Provider Number – HBF will issue a separate provider number for each practice location
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Automatic recognition for eligible members

Australian Health Management (AHM) **13 42 46 Remedial Only** **www.ahm.com.au**

Eligible members details are sent to AHM each month. You will then be automatically registered as a provider. Your provider number can be found at www.ahm.com.au/content/ms/providersearch.asp.

Australian Regional Health Group (ARHG) **(03) 9756 0550 Massage & Remedial**

AAMT eligible member details are updated two business days prior to the 15th of each month. You will then be automatically registered as a provider. Your provider number is made up of 'MT' plus your member number plus 'R' for Remedial, 'M' for Massage, 'Y' for Myotherapy, e.g. MT12345R, MT12345M or MT12345Y.

ARHG is a management group that oversees several small funds. At this stage 24. Should you cease membership with AAMT, or if you no longer meet the criteria set by ARHG, AAMT is obliged to remove you from the regular list sent. ARHG is unable to notify you directly of your removal from their listing due to Privacy Act requirements.

ARHG has a search provider facility on the websites of their participating health funds. This will mean that members of the health funds will be able to search on the ARHG websites to confirm that the provider (you) is accredited or they can search to find an accredited provider in a specific location. The search will display provider number, surname, first name, state, suburb, phone number and therapy.

IMPORTANT NOTE: If you do not want to be listed on the search facilities of the participating health funds websites please contact the AAMT office.

BUPA Australia **1800 060 239 Remedial Only** **www.hbaproviders.com.au**

AAMT member details are sent to BUPA each month. After lists have been processed BUPA will send Members Provider Number/s to AAMT. AAMT will then forward the Provider Number/s to each practice address. Members must agree to be bound by BUPA Australia's 'Our Ancillary Provider Terms'. (See attached.)

CBHS Health Fund Limited **1300 654 123 Massage & Remedial** **www.cbhs.com.au**

AAMT eligible members details are sent to CBHS each month. You will then be automatically registered as a provider. Your provider number is 'AAMT' + your member number. e.g. *AAMT12345*.

Medibank Private **1300 654 887 Remedial Only**

AAMT sends eligible members details to Medibank Private each month. All qualifying providers must read and agree to abide by Medibank Private Provider Requirements and Terms and Conditions.

nib Health **1800 175 377 Remedial Only** **www.nib.com.au**

AAMT sends eligible members details to nib each month. **IMPORTANT NOTE:** All providers must read and agree to abide by nib Provider Requirements and Terms and Conditions. (See attached.)

Members will need to contact the health funds below directly!

Australian Unity **13 29 39 Remedial Only** **www.australianunity.com.au**

In order to gain Provider Status you will need to complete and return their application form (see attached). Please return the completed form to Provider Relations, Reply Paid 9945, Melbourne Vic 8060.

GU Health **1800 249 966 Remedial Only** **www.guhealth.com.au**

Call GU Health for application form or simply send an email to corporate@guhealth.com.au listing: Full name, Association Name, Association Number, Practice Address/es and Practice Phone Number/s.

HBF **(08) 9265 6125 Remedial Only** **www.hbf.com.au**

To register call or email (provreg@hbf.com.au) for application form or download. Changes must be submitted to HBF directly. Send to The Provider Registration Officer, HBF Health Services, GPO Box C101, Perth WA 6809.

HCF **(02) 9290 0158 Remedial** **www.hcf.com.au**

AAMT sends eligible member details to HCF each month. **IMPORTANT NOTE:** All providers must read and agree to abide by the HCF Provider recognition criteria. (See attached or download at www.hcf.com.au).

Manchester Unity **13 13 72 Massage & Remedial** **www.manchesterunity.com.au**

Commencing 1 July 2011 now legally HCF members.

Health Funds and the Legislation

Following the introduction of the new Private Health Insurance Act (2007) and associated rules for Private Health Fund Accreditation 2008 AAMT has had to redesign the data reporting to maintain the compliance agreements and ensure that members who are forwarded in reports have currency of eligibility. This means that as practitioners AAMT members must hold evidence of currency of the eligible criteria of:

- First Aid
- Professional Indemnity Insurance
- Continuing Professional Education
- And be a Financial Member.

If you do not maintain these four key points and keep the Association well informed with copies of relevant paperwork, you will be removed from all lists until you provide evidence to the Association. Members receive this information on their renewal statement and E-newsletter, therefore it is imperative that members note when they are due to become non-compliant.

If you are currently recognised, then fall off a fund list, reinstatement to a fund will take place at the next accepted data upload to the health fund. If you are a new member you can expect a delay of up to 4-6 weeks, depending on the health funds agreed reporting cycle and if you have provided everything to complete the AAMT membership process.

There are still many points unclear with the health funds and confusion between their levels of provider service, administration and AAMT's criteria and administration. AAMT is working proactively to resolve these as they arise but it will take time. In the interim if you are still experiencing issues please email info@aamt.com.au with details, ensuring you include your AAMT Member Number.

In summary, to be eligible to remain on health fund lists you must be a financial member, AAMT must have a copy of your current First Aid and Professional Indemnity Insurance and you must meet the current Continuing Professional Education

requirements. Provider status is a contract between you and the health fund, AAMT advises currency of eligibility to the criteria for each health fund.

Following are some important FAQs that you need to know:

Health Fund Information – Frequently Asked Questions:

How long does it take for details to get to the health funds?

It can take up to four to six weeks after AAMT receive any updated details for them to reach the health funds. However, it can take up to two weeks for the individual health funds to process the details and to issue provider Numbers (if not your AAMT Member Number).

Which health funds do AAMT upload details to?

- Australian Health Management
- Australian Regional Health Group (24 funds)
- BUPA Australia Health (11 funds)
- CBHS Health Fund Limited (Commonwealth Bank)
- nib
- Medibank Private
- Australian Unity
- GU Health
- HCF.

Which health funds do I need to contact directly?

- Australian Unity
- GU Health
- HBF.

How do I get my Provider Numbers?

Other than when you use your AAMT member number, provider numbers are issued by the health funds. Being a provider is a contract between you and the health funds. However, BUPA-HBA send provider numbers to AAMT who then forward them onto members.

Why haven't my details been forwarded to the health funds?

- Are your First Aid, Insurance, CPE and Membership details up to date? If they have expired your details will not be forwarded to the health funds
- Did you tick the Privacy Box on your Membership Application Form? i.e. I do not wish my details to be forwarded to health funds.
- The monthly list for that particular health fund has not been sent as yet this month.

When I change practice address, how long before my details are forwarded to the health funds?

It is the same as when you first join AAMT, it can take up to 4-6 weeks depending on what time of the month you notified AAMT of your change of details.

Why can't I use a PO Box address?

Health funds work on street address and do not accept PO Boxes as addresses. This is to minimise the incidence of fraud. Therefore, AAMT does not list PO Box addresses for Clinic addresses.

Why aren't I eligible for provider status with certain health funds?

Certain health funds do not accept all massage therapy qualifications. All health funds accept the current Diploma of Remedial Massage Therapy (HLT50302/07), however, with the introduction of new health fund legislation many health funds will not accept anything other than the current Diploma. There are only two Health Funds that accept Certificate IV in Massage Therapy Practice (HLT40302/07).

I faxed my updated Insurance and First Aid and it hasn't been updated, why?

Updated information is entered into the database as efficiently as possible and generally within 48 hours of AAMT receiving it. If it has not been entered, then the fax was not received.

nib **RECOGNISED ANCILLARY PROVIDER** **TERMS AND CONDITIONS**

1. GENERAL

These Terms and Conditions set out the basis and conditions upon which nib recognises General Treatment Providers (Providers) for the purpose of paying Benefits and to meet the provider recognition requirements as defined in the Private Health Insurance Act (Accreditation) Rules 2008 (Cth).

In order to receive Benefits from nib, Providers (You) must be granted recognition status by nib and satisfy the requirements, and meet Our expectations set out in these Terms and Conditions on each occasion a Claim for Benefits is made to nib. nib assumes that every time a nib customer makes a Claim for a Benefit with nib for the treatment and/or services that You provide to them, You agree to satisfy all requirements, and meet Our expectations set out in these Terms and Conditions.

2. GLOSSARY

General Treatment Providers means providers of General Treatment covered by nib products (and excludes providers of medical and hospital treatment as defined in the Private Health Insurance Act 2007 (Cth)).

Benefit means an amount of money payable by nib to or on behalf of an Insured Person, in respect of approved expenses incurred by an Insured Person for treatment and/or services, in accordance with the nib Fund Rules.

Claim means a claim for the payment of Benefits which complies with the nib Fund Rules and Section 5 of these Terms and Conditions.

Insured Person means all persons covered under an active nib private health insurance policy.

Fund Rules means the rules established by nib that relate to the day-to-day operation of nib's health insurance and health-related business.

General Treatment has the same meaning as set out in section 121-10 of the Private Health Insurance Act 2007(Cth) as amended from time to time. General Treatment means treatment (including the provision of goods or services) that:

- A. is intended to manage or prevent a Condition; and
- B. is not Hospital Treatment, which is permissible under the Private Health Insurance Act 2007 and in respect of Benefits which are payable under the nib Fund Rules.

Medicare Benefits Schedule Fee (MBS Fee) means the amount set under the Medicare Benefits Schedule.

Natural Therapy Providers means Providers of treatment as approved by nib from time to time, including but not limited to, Providers:

- C. listed as a providing natural therapy treatment in the Product Schedules; and
- D. providing treatment during a consultation with a nib customer where that Provider is recognised by nib to provide natural therapy treatment.

nib means nib health funds limited ACN 000 124 389 having its registered office at 22 Honeysuckle Drive, Newcastle, New South Wales 2300, a registered health benefits organisation under the Private Health Insurance Act 2007(Cth).

nib Customer Feedback Survey means information and opinions collected by nib through an email to nib customers to request feedback regarding their General Treatment experience. This includes the collection of the likelihood that the customer would recommend a Provider, captured on a scale of 0 – 10. If consent has been provided by the nib customer, this information will be published as part of the Provider record held in www.whitecoat.com.au.

Other Provider means providers of treatment that is the provision of goods or a health management program.

Personal Information means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

Provider means a General Treatment Provider.

Private Practice means a professional practice (sole, partnership or group) that is self-supporting primarily through fees received from patients. This means that the practice's expenses (eg accommodation, facilities and services) are not provided or subsidised by any publicly funded facility such as a Public Hospital or a University.

Recognised Provider means a Provider of General Treatment that:

- is registered or holds a licence under relevant State or Territory legislation to provide the General Treatment sought;
- is professionally qualified, or a member of a professional body recognised by nib;
- is in Private Practice;
- satisfies any other criteria reasonably required by nib to enable the payment of Benefits for General Treatment provided by the Provider; and
- is not suspended or derecognised by nib.

Related Body Corporate has the meaning given in section 9 of the Corporations Act 2001 (Cth)

Sensitive Information means information or an opinion about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preferences or practices, criminal record, health information about an individual, genetic information about an individual that is not otherwise health information.

We, Our, Us means nib and any Related Body Corporate that is also a registered private health insurer.

www.whitecoat.com.au means an online web service that will allow all Australians to search and compare General Treatment Providers. Australians will be able to search for Providers by type and location and compare Providers by nib customer advocacy scores and service charge scores.

You or Your means a Recognised Provider as set out in these Terms and Conditions.

3. RECOGNISED PROVIDERS

Recognition by nib is a prerequisite to the payment of Benefits. nib considers that You are a Recognised Provider if:

- a. As a General Treatment Provider You are registered or hold a licence under relevant State or Territory legislation to provide the General Treatment sought; and You have a current and valid Medicare Provider Number for each location where You engage in Private Practice; or
- b. As a Natural Therapy Provider you have been recognised by a nib approved Professional Body, Your recognition, first aid and professional indemnity insurance are all current and have been provided to nib Your Professional Body; and
- c. You are in Private Practice; or
- d. As an Other Provider You meet the nib recognition criteria determined by nib as appropriate for the goods or services You provide; and
- e. You satisfy all requirements and meet our expectations set out in these Terms and Conditions, as amended from time to time.

4. GENERAL REQUIREMENTS OF RECOGNISED PROVIDERS

Service Experience and Quality

Our expectations are that You will Provide professional services to nib customers:

- a. with due care and skill as reasonably expected by someone in Your profession with Your level of expertise;
- b. in accordance with all standards, guidelines, obligations and legislation relevant to Your profession and the services You provide;
- c. maintain first aid qualifications to ensure the health and safety of Your patients;
- d. protect the privacy of Your patients Personal and Sensitive Information in accordance with the Privacy Act 1998 (Cth) and relevant State Privacy legislation;
- e. maintain Your premises in accordance with the appropriate approvals under the law (Occupational Health and Safety, as well as any Local Council, State or Federal laws that apply to Your practice);
- f. provide Your patients with a clear understanding of their rights and responsibilities, including clear access to a complaints and dispute handling process approved by Your registration Board or Professional Association; and
- g. make Your customers aware of the existence and role of the Private Health Insurance Ombudsman.

Professional Integrity and Relationship Management

We are interested in ensuring that nib customers have access to high quality and affordable health treatment and/or services. To achieve this, We are interested in a professional working relationship with You that helps build your business and protects the health and safety of nib customers.

1. To this end, We expect that You will:

- a. Provide the treatment and/or services Yourself, and not allow any other person to provide treatment and/or services and invoice Us or nib customers using Your provider number;
- b. Use the nib trademark, names and logos of nib only in the approved format and with the express permission of nib;
- c. Communicate with nib customers in a language they understand;
- d. Provide invoices, receipts or other relevant documentation in English and in accordance with the requirements detailed under "Receipts and Invoices". Where English is not Your first language, translation services will be at your cost, or Claims may not be payable;
- e. Undertake whatever continuing professional development is required by Your relevant Professional Body or association relevant to the treatment and/or services You are providing to nib customers;
- f. Maintain current professional indemnity insurance as well as public and product liability insurance to a minimum value of ADU\$1 million per claim for the treatment You provide to nib customers and provide nib with a certificate of such insurance upon request;
- g. Answer any reasonable request by Us for access to customer records, either for the purpose of determining the eligibility of the service, or the legitimacy of a Claim;
- h. Acknowledge the collection by nib of information and opinions from nib customers who utilise Your professional services.
- i. Inform relevant parties (such as Your Professional Body, Medicare, HICAPS) as soon as possible, and in any case within 5 working days, of any change to Your:
 - i. Practice address/es
 - ii. Mailing Address/es

- iii. Bank Account details, or
- iv. professional services, including if Your membership or registration status with any Registration Board or Professional Body is altered or withdrawn for any reason.

2. You can expect that We will:

- a. not interfere with Your independence and right to practice;
- b. respect Your privacy;
- c. provide Your contact details to our customers as part of Our Provider search functionality;
- d. Publish information and opinions (per the nib Customer Feedback Survey) about Your professional services via www.whitecoat.com.au;
- e. monitor claiming patterns and inform You of any significant variances in Your claiming patterns;
- f. give You the right of reply should problems arise;
- g. hold the right to refuse or remove Your recognition in Our absolute discretion; and
- h. reject Claims that are not in accordance with the nib Fund Rules and/or these Terms and Conditions.

Allowable Benefits and Claims administration

In order to enable Us to provide the correct Benefits to our Customer for the services You provide, We require that receipts and invoices are provided in accordance with the following. Failure to do so may result in unnecessary delays or even the rejection of the Claim.

NOTE: You must not allow any locum, colleague, employee or any other person to issue receipts for treatment or services in Your name other than for treatment or services actually performed by that Recognised Providers. In addition, Benefits are not payable for services or treatment provided by therapy/clinic assistants or students of any profession. Where a therapy assistant or student administers treatment or services, the account/receipt must clearly itemise such treatment or services separately.

3. All Recognised Providers will provide accounts and receipt to nib customers for each professional service provided, which clearly shows the following:

- a. The name of the Provider who provided the services or treatment. Where the Provider is part of a group of Providers, the account/receipt must clearly show the name of the Provider who provided the treatment
- b. Company and trading names (as applicable);
- c. The address where the treatment and/or services took place, including the telephone number;
- d. The date on which the account/receipt was issued;
- e. The full name of the nib customer to whom the treatment was provided;
- f. The date on which each treatment and/or services was provided to the nib customer;
- g. A clear, itemised description of the treatment and/or service(s) provided, and treatment and/or services type;
- h. The fee charged for each service provided. Where herbs or other medications are provided at the attendance, a separate charge must be shown for these items;
- i. Details of any payment made, and any outstanding balance;
- j. All accounts and receipts must be on printed stationery. If they are produced electronically, they must be signed at the time of issue by You as Provider of that treatment and/or services, or Your representative;
- k. There must only be one fully itemised original account/receipt. Therefore,
 - i. Where a quote is provided, the account or receipt must be clearly marked 'quote' or "estimate"; and
 - ii. The words "duplicate" or "copy" must be clearly marked on any duplicate invoices issued.

4. Electronic claims must be submitted no more than 3 days after You provide the treatment and/or services to the nib customer; and

5. Electronic claiming facilities must be used properly and in accordance with the applicable terms for use of those facilities.

6. nib Benefits are not payable in the following circumstances:

- a. treatment or services performed to self, Your family members, Your business partner or other people not independent of the practice;
- b. treatment or services that are not performed in a Private Practice setting, for example, community health clinics;
- c. treatment or services not recognised for Benefits by nib;
- d. treatment or services performed by practitioners who are not recognised by nib;
- e. imported Medications, Herbal Medications, Herbal Tonics or similar;
- f. non-prescription sunglasses, tinting, coating or hardening of lenses;
- g. treatment or services for which inaccurate or incorrect information is supplied;
- h. treatment or services provided to an inactive nib customer;
- i. treatment or services for which a Claim is not lodged within 2 years of the date of service or treatment;
- j. treatment or services for which the nib customer does not have cover;
- k. illegal services or treatment;
- l. treatment or service where the patient, has or may have, an entitlement to damages (for example, Worker's compensation, Third

- Party insurance, criminal compensation, Public Liability, etc) – unless prior approval in writing is obtained from nib;
- m. treatment or services provided where the cost of the treatment or services provided is subsidised by any other business or authority;
 - n. telephone, internet or mail consultations;
 - o. written reports;
 - p. more than one initial consultation per course of treatment;
 - q. more than one consultation or attendance by You or any single day. Multiple services or treatment on the same day attract one service or treatment benefit only; or
 - r. other items as determined by nib from time to time.

5. PATIENT RECORDS

1. Recognised Providers must maintain full patient records for each patient treated. Patient records for nib customers must be maintained for the minimum time prescribed in legislation relevant to Your profession.
2. Records must be accurate and current, and sufficient for Us to be able to confirm that You have provided each professional service claimed by nib customers as described in those Claims. The patient record must include the following information:
 - a. Patient name, address, sex, date of birth and patient contact number;
 - b. Date treatment and/or services provided, detail of each treatment and/or services provided and the charge for that treatment and/or services;
 - c. The nature of the illness or condition; and
 - d. Any herbs, medications and treatment programmes to be performed by the patient at home, issued or prescribed at the attendance.
3. nib reserves the right to request patient and/or treatment records for any nib customer for any reason, and You must provide copies of those records within 10 business days of such a request.

6. PRIVACY

Recognised Providers must comply with the Privacy Act 1988 (Cth), as amended, any relevant state legislation and nib's privacy policy when handling Sensitive and Personal Information relating to nib customers. nib's privacy policy is available at www.nib.com.au/privacy

nib is committed to protecting Your privacy and any Personal Information nib collects from You. You agree that nib can provide nib customers, either verbally, in writing (including on Our internet page) with Your name, practice address, contact number(s), practice details, charging information and all other information collected as part of www.whitecoat.com.au as part of Your recognition by nib.

7. ENDING OR SUSPENDING YOUR RECOGNITION

nib may suspend or end its recognition of You as a Recognised Provider in its absolute discretion at any time for any reason, including, without limitation, if:

1. You fail to satisfy a requirement or expectation set out in these Terms and Conditions; or
2. Your Professional Body finds that You have committed a breach of a professional standard, guideline, code of conduct, law, regulation, policy, ethics statement, that applies to the practice of Your profession; or
3. You cease to be recognised by Your Professional Body; or
4. You cease to meet the criteria deemed by nib as the minimum requirement for Your treatment or service type;
5. No nib customer has made a claim for Benefits for treatment and/or services that You provide for 2 years.

8 APPLICABLE LAWS

These Terms and Conditions are governed by the laws of the State of New South Wales and nib and You submit to the jurisdiction of the courts of New South Wales.

9 REPORTING FRAUD

Health insurance fraud raises contributions and keeps rebates low. If You suspect fraud has been committed either by a nib customer or a Provider, please notify nib. You may choose to identify yourself or remain anonymous. Call Us on the toll free hotline on 1800 175 377 or by email at providers@nib.com.au.

10 CONTACT US

For further information, please contact nib:

Email: providers@nib.com.au

Phone: 1800 175 377

Mail: Ancillary Provider Registration, nib health funds limited, 22 Honeysuckle Drive, Newcastle NSW 2300

February 2011

Provider Registration Form



Provider Registration Form

To register as a recognised provider with Australian Unity, please complete this form and return to Australian Unity in the Reply Paid envelope. Please call us on 13 29 39 if you need any assistance.

Title	Surname	Given Names	
Principal Practice Name			
Principal Practice Address			
		State	Postcode
Postal Address: (if different to above)			
		State	Postcode
Business Telephone No.	Mobile	Fax	
Email	Website		
Secondary Practice Address			
		State	Postcode
Member of Professional Associations			
Modalities (accredited date)			
Type of treatment(s) provided			
Nature of Practice (e.g. group or solo)			
Partners Name(s)			
Professional Qualifications (Degree/Diploma/Certificate/Other)			
Practitioner's Signature		Date	
		/ /	

In applying for a provider number, you understand that your business details will be provided to Australian Unity members.

Please attach a sample copy of your official stationery / stamp.

1. General

- 1.1 These terms and conditions (“these terms”) are the terms on which We recognise Providers of General Treatment for the purpose of paying benefits. We will assume Your agreement to these terms at and from the time a Member submits an eligible claim to Us for Your services unless You inform Us otherwise.
- 1.2 If there is any inconsistency between these terms and the terms of any other agreement between Us and You, these terms will prevail to the extent of that inconsistency.

2. Glossary

‘General Treatment’ has the same meaning as set out in section 121-10 of the *Private Health Insurance Act 2007* or any amendment or replacement of it.

‘Member’ means a person who is a financial member of an HCF health fund with cover for General Treatment and in the case of a family membership, includes all dependents covered by that membership.

‘Practice Address’ means the address You have provided to Us as the location at which You operate.

‘Private Practice’ means a business that is self supporting principally through fees received from patients and whose accommodation, facilities and services are not provided or subsidised by another party such as a public hospital or publicly funded facility.

‘Professional Body’ means and includes:

- a) any registration board(s) that register health professionals under relevant Federal, State or Territory legislation and is relevant to Your profession;
- b) any professional association relevant to Your profession; and
- c) any court, tribunal, commission, board, committee or body that hears complaints relating to a breach of professional standards by members of Your profession.

‘Provider’ has the meaning given in Our de-listing policy, a copy of which can be found at www.hcf.com.au or obtained by calling 13 13 34 (**De-listing Policy**).

‘Recognition Criteria’ means:

- a) the services to be provided will meet the standards in the Private Health Insurance (Accreditation) Rules 2008; and
- b) any other criteria that HCF considers reasonable

'Recognition Requirements' means the additional requirements for each profession that must be met as a minimum to be recognised by HCF and are detailed in the provider portal of Our website: www.hcf.com.au.

'Recognition Date' means the date on which You first provided a General Treatment service to a Member for which an eligible claim was made and for which We recognised You as a Provider of General Treatment for the purpose of paying benefits.

'Related Body Corporate' has the meaning given in section 9 of the *Corporations Act 2001*.

'We', 'Our', 'Us', and 'HCF' means The Hospitals Contribution Fund of Australia Limited ABN 68 000 026 746 and any of its Related Bodies Corporate that are registered private health insurers.

'You', 'Your' and 'Recognised Provider' means:

- a) a Provider of General Treatment in Australia who
 - I. is in Private Practice and
 - II. for each relevant class of service satisfies all Recognition Criteria and Recognition Requirements; or
- b) any other Provider recognised by HCF except for:
 - I. providers of chronic disease management programs with whom We have a specific agreement;
 - II. providers of hospital substitute services with whom We have a specific agreement.

3. What You must do as a Recognised Provider

3.1 It is a condition of HCF recognition that You comply with these terms and that:

- a) You:
 - I. comply with the standards for treatment specified in the *Private Health Insurance (Accreditation) Rules 2008* or any amendment or replacement of them if applicable to You; and
 - II. provide Us with evidence of that compliance by providing to Us on request evidence of all relevant permissions, approvals, registrations, accreditations, qualifications, memberships, licences, certifications and other forms of recognition; or
 - III. provide Us with any other information We require to support Your application to become a Recognised Provider;
- b) You comply with Our Recognition Criteria and Recognition Requirements for the services You provide to Members;
- c) You continuously hold current professional indemnity insurance along with public and product liability insurance to a minimum value of \$1 million per claim, expressly for the services You provide to Members;
- d) You comply with all standards, guidelines, obligations and legislation relevant to Your profession and the services You provide to Members;

- e) You do not allow another person to perform services and invoice Us or Members using Your provider number (with the exception of services performed by dental therapists, hygienists and oral health therapists where We have not issued separate provider numbers and where the law permits this practice);
- f) You comply with any reasonable request from Us;
- g) You comply with the terms of any other agreements or contracts that exist between You and HCF;
- h) You repay within 30 days of Our request any monies paid to You where We determine that You were not entitled to it.
- i) You agree to allow Us and Our agents to:
 - I. make enquiries of any educational institution, professional association, registration body, government department or agency, statutory, semi-government or other body regarding Your professional education and qualifications and/or professional and ethical conduct, including but not limited to any applications for membership, accreditation, registration, licensing, certification or other form of recognition, whether such application was successful or not and whether such application was withdrawn or not. You further consent to and authorise any such body to release to Us or Our agents copies of all documentation, applications or reports related to those enquiries; and
 - II. Release any information supplied in such applications or in Your application to Us to an independent third party for assessment;
- j) You do not use any of Our brands, names or trademarks, including representing that You are endorsed by Us, without Our express written consent;
- k) You communicate swiftly and effectively in both written and spoken English with Us, with Members and with emergency services; and
- l) You notify Us immediately if a Professional Body places any restrictions or limitations on Your registration with or membership of it.

4. What You should expect from Us

- 4.1. As a Recognised Provider You can expect Us to:
 - a) Pay claims for General Treatment services You provide to Our Members when:
 - I. You have complied with these terms;
 - II. The Member lodges an eligible claim for Your General Treatment services or You submit the claim electronically direct to Us against a policy with Us that covers the said General Treatment service; and
 - III. The claim and services are in accordance with all Our fund rules.
 - b) Have the Member's authority/consent to access their patient records for audit purposes.

5. Receipts and invoices

- 5.1. Receipts and invoices issued to Members by You should be on Your official letterhead paper, that is paper size A4 or A5, be an accurate representation of the treatment episode and include:
- a) Your full name, Practice Address and telephone number.
 - b) Your company, trading name, ABN and/or ACN as applicable.
 - c) Patient's full name and address.
 - d) Date of service(s) and where the service(s) took place
 - e) Itemisation, description and cost of the service(s)
 - f) Date the account or invoice was issued.
 - g) Details of amounts paid and outstanding balances.
 - h) The words "duplicate" or "copy" on any duplicate invoices issued or where the document provided is a quote, it should be marked as a "Quote" or "Estimate".
- 5.2. You or Your employees must not act as an agent and submit claims on a Member's behalf except in the use of electronic claiming (HICAPS or ISOFT).

6. Patient Records

- 6.1. For each Member You treat You must maintain accurate patient records which include:
- a) Patient's details (including full name, date of birth, gender, address and contact details).
 - b) Date of each treatment.
 - c) Nature of the treatment.
 - d) Nature of the illness (symptoms/ reason for seeking treatment).
 - e) Any improvements/ baseline measures/ outcomes reached.
- 6.2. Diagnostic instruments, records and models related to treatment of HCF Members should be maintained and made available to Us when requested. This includes, but is not limited to, x-rays, scans, photographs, plaster casts and study moulds. When You supply goods that have been specifically fabricated or customised for the sole use of a individual patient who is an HCF Member, You must retain a copy of any order forms and supplier invoices that relate to that good and make available when requested. This includes, but not limited to, dentures, dental crowns, bridges, custom made orthoses, and optical lenses.
- 6.3. Member patient records should be kept for the minimum time prescribed in legislation relevant to Your profession. Where no such legislation exists - for a minimum period of 7 years and where the Member is under 21 years for a period of 7 years after he or she would have reached 21 years of age.
- 6.4. You must maintain a record keeping system that records the full name and treatment time of each Member patient.
- 6.5. Member patient records must be maintained in English or must be translated at Your expense.

- 6.6. Member patient records relating to claims must be made available to Us, on request for audit purposes.
- 6.7. Computer Member patient records must be regularly backed-up with a duplicate copy stored securely off site.

7. When We may not pay a benefit

- 7.1. There are circumstances when benefits are not payable for a claim made for a service. These include but are not limited to where:
 - a) the Provider is not a Recognised Provider;
 - b) the Provider is not in Private Practice;
 - c) the Member is entitled to compensation or recovery from a third party including workers compensation;
 - d) the service was provided prior to Your Recognition Date;
 - e) the Member is not financial or otherwise covered on the date of service;
 - f) the goods or services have not been provided to the Member at the date of claim;
 - g) account/invoice/receipt is not original or the details have been altered;
 - h) the charge is for services not covered e.g. the preparation of reports;
 - i) payment is also sought from another source including Medicare Australia for all or part of the services;
 - j) the Member has received more than one service (excluding dental and optical services) on the same day by the same Provider, in which case We will only pay a benefit for the first eligible claim received by Us;
 - k) the service is illegal (e.g. imported medicines);
 - l) the service was not administered by You, which includes services administered by students working under Your direct supervision and/or instruction (with the exception of services administered by dental therapists, hygienists and oral health therapists where We have not issued separate provider numbers and where the law permits this practice);
 - m) the service does not meet the standards for treatment specified in the *Private Health Insurance (Accreditation) Rules 2008* or any amendment or replacement of them;
 - n) the service is not General Treatment for a specific health condition;
 - o) We, after receiving independent medical or clinical advice, consider that the service is inappropriate; or
 - p) herbs, supplements or other items not listed on HCF's approved pharmacy list are dispensed.

8. Skin penetration and infection control

- 8.1. Where You use skin penetration during the treatment of Our Members You must:
- a) obey federal, state government and local council skin penetration legislation and protocols;
 - b) handle and dispose of waste material (including 'sharps') in accordance with government guidelines;
 - c) store any instruments or equipment that penetrate the skin or are in contact with body fluid or tissue in a sealed sterile pack in a dry store area. Where the device is non-disposable it should be cleaned and sterilised in an appropriate manner;
 - d) store any instruments or equipment that make contact with (but do not penetrate) the skin in a dry, contamination free environment. The device should be disinfected prior to and cleaned appropriately after use;
 - e) store all other devices or equipment that makes contact with a patient in a contamination free environment; and
 - f) maintain a safe and clean environment.

9. Privacy

- 9.1. It is important to Us that Our Members' personal information is stored in a secure manner and in accordance with the relevant privacy legislation.
- 9.2. Information provided to Us will be handled in accordance with Our Privacy Policy. A copy can be found at www.hcf.com.au or obtained by calling 13 13 34.
- 9.3. If You do not wish Us to hold Your details We will be unable to assess claims for Our Members and therefore You will not be able to be a Recognised Provider.
- 9.4. You agree to allow Us to provide Your name, Practice Address, contact number/s, practice details and charging information to Members for their information, including but not limited to posting it on Our website while You are a Recognised Provider.

10. Ending or suspending Our relationship with You

- 10.1. We may decide to end Our relationship with You which means You will no longer be a Recognised Provider and in these cases, benefits will not be payable for any service supplied by You. We may end Our relationship if:
- a) You fail one or more of the criteria in Our De-Listing Policy. We may suspend Our relationship with You whilst We carry out investigations in accordance with Our De-Listing Policy;
 - b) You breach any of these terms and, after receiving notice of the breach, You fail to rectify the breach within 7 days. We may choose not to pay benefits for any claims made by Members for services provided by You during the period of Your non-compliance with any of these terms; and

- c) We believe in Our reasonable opinion that a Member's or Members' safety may be at risk.

We reserve Our right to disclose the details of any complaints or allegations to any relevant Professional Body.

- 10.2. You may terminate these terms without cause by giving 21 days' notice in writing to Us. This termination by notice does not affect any claim either You or We may have against the other arising out of these terms at the date of the termination.
- 10.3. We may terminate these terms by giving 21 days' notice in writing to You if You or services You provide:
 - a) do not meet (or do not fall within); or
 - b) cease to meet,the standards for treatment specified in rules 7 (1), 8 or 9 of the [Private Health Insurance \(Accreditation\) Rules 2008](#) or any amendment or replacement of them (Rules) (including but not limited to circumstances where services You provide are not, or cease to be, treatment referred to in 7(1), 9 or 9 of the rules to which such standards for treatment apply. (A copy of the Rules is available from HCF). This termination by notice does not affect any claim either You or We may have against the other arising out of these terms at the date of the termination.

11. Changes to these terms

- 11.1. From time to time We may update or change these terms.
- 11.2. You should regularly check the provider portal of Our website at www.hcf.com.au for any changes.
- 11.3. We will place a notice on Our website advising of any changes adversely affecting Recognised Providers.

12. Laws that apply to these terms

- 12.1. These terms are governed by the laws of the state of New South Wales and the parties submit to the jurisdiction of the courts of New South Wales.

13. Reporting fraud

- 13.1. If You suspect that a person or group is engaging in health insurance fraud, please contact Our investigations team on 1800 727 721 or email investigations@hcf.com.au

This document was last updated: 9 March 2011