

PROVIDER DETAILS FORM

Please return this application to Dedalus via email to HealthPoint@dedalus.group

Important Note – if you are adding a *New Provider*, *Changing a Provider Name* or *Changing the Practice Address* you must attach a copy of each providers **Medicare Australia Provider Letter / HPOS Printout or Medibank Private** letter as applicable (refer to page 2 for details), allow 2-3 working days for the processing of New Provider(s). (**Note:** this timeframe does not apply to all Health Funds, some may take longer to process registration details.)

<input type="checkbox"/>	Add new provider	Sections 1, 2,3 and 4 and attach provider letter	<input type="checkbox"/>	Change Bank Account details	Sections 1; 2 – name of account, BSB number, account number; section 4
<input type="checkbox"/>	Change provider's name	Sections 1, 2 – Name, provider number; Section 4 and attach provider letter	<input type="checkbox"/>	Change Postal Address	Sections 1, 3 and 4
<input type="checkbox"/>	Delete provider	Sections 1; 2 – Name, provider number; Section 4	<input type="checkbox"/>	Change of Address	Sections 1, 2, 3 and 4 and attach provider letter(s)

Section 1 – Your Practice Details

Customer ID

(located on HealthClaim receipt)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Practice Trading Name

Practice Contact Name <input style="width: 60%;" type="text"/>	Contact Phone <input style="width: 40%;" type="text"/>
--	--

Section 2 – Provider Details

When adding a provider or changing a provider name – provider letter MUST be attached

<input type="checkbox"/>	Add Provider	Name of provider <input style="width: 100%;" type="text"/> <small>(enter name as appears on Provider Letter)</small>
<input type="checkbox"/>	Change name	Provider Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Modality <input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Delete provider	Name of account <input style="width: 100%;" type="text"/> BSB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Change Bank Acct	

<input type="checkbox"/>	Add Provider	Name of provider <input style="width: 100%;" type="text"/> <small>(enter name as appears on Provider Letter)</small>
<input type="checkbox"/>	Change name	Provider Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Modality <input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Delete provider	Name of account <input style="width: 100%;" type="text"/> BSB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Change Bank Acct	

<input type="checkbox"/>	Add Provider	Name of provider <input style="width: 100%;" type="text"/> <small>(enter name as appears on Provider Letter)</small>
<input type="checkbox"/>	Change name	Provider Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Modality <input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Delete provider	Name of account <input style="width: 100%;" type="text"/> BSB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Change Bank Acct	

Section 3 – Change of Address Details

New Practice Address	<input style="width: 60%;" type="text"/>	State <input style="width: 20%;" type="text"/>	Postcode <input style="width: 20%;" type="text"/>
New Postal Address	<input style="width: 60%;" type="text"/>	State <input style="width: 20%;" type="text"/>	Postcode <input style="width: 20%;" type="text"/>

Section 4 – Authorised Signature - this form must be signed by a person with authority to sign and provide bank details for all providers listed. DXC will provide these details to participating health funds

Signature

Name	<input style="width: 100%;" type="text"/>	
Email	<input style="width: 70%;" type="text"/>	Date <input style="width: 30%;" type="text"/>

Provider Letter Requirements when Adding or Changing provider details.

Attach a copy of each Provider's confirmation of registration for this practice and modality via one of the following acceptable methods;

- a. A Medicare Australia Provider Letter for the Registered Address of the Practice, or
- b. A Print out of the HPOS Medicare Registration Status for the Registered Address of the Practice with Date / Time of access visible, or
- c. A Medibank Private Provider Letter for the Registered Address of the Practice AND a current Certificate of registration from each Provider's professional association.

Medicare Australia Provider Letter / HPOS Printout is required for the following modalities / service types:

Audiology, Chiropractors, Dietitians, Dentists, Dental Prosthetists, Optometrists, Optical Dispensers, Occupational Therapists, Osteopaths, Physiotherapists, Podiatrists, Psychologists, Speech Pathologists, Exercise Physiologists, General Practitioner and Nurse Practitioner

Medibank Private Provider Letter is required for modalities/service types:

Remedial Massage Therapists, Acupuncturists and Myotherapists.

How to Update your Terminal with new or updated Details

→ **Start from the "Idle" screen.**

1. Press [ENTER].
2. Scroll down, and select the corresponding number for SERVICES.
3. Press **1** for HEALTHPOINT.
4. Press **9** for HEALTHPOINT ADMIN.
5. Press **3** for UPDATE CONFIG.
6. Choose the Details to be Updated
 - Press **1** to UPDATE ALL details
 - Press **2** to update PRACTICE DETAILS
 - Press **3** to update HEALTH FUNDS details
 - Press **4** to update PROVIDER DETAILS.
 - Press **5** to update SERVICE ITEMS
7. HealthPoint will print out the updates made to the terminal. Select **[YES, DONE]** to return to the "Idle" Screen