

# CHANGE OF DETAILS FORM

Please return this application to Dedalus via email to [HealthPoint@dedalus.group](mailto: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)

Practice Trading Name

Practice Contact Name  Contact Phone

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

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

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

## Section 3 – Change of Address Details

New Practice Address	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Postal Address	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input 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 type="text"/>	
Email	<input type="text"/>	Date <input 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. Select **[XPOS]**. HealthPoint displays the XPOS menu
2. Press **1** for HEALTHPOINT.
3. Press **9** for HEALTHPOINT ADMIN.
4. Press **3** for UPDATE CONFIG.
5. 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
6. HealthPoint will prompt you to confirm that the updates correct. Select **[YES, DONE]**