

CHANGE OF 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) **SUN**

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 <small>(enter name as appears on Provider Letter)</small>	<input style="width: 100%;" type="text"/>		
<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	BSB	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="checkbox"/>	Change Bank Acct				

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

<input type="checkbox"/>	Add Provider	Name of provider <small>(enter name as appears on Provider Letter)</small>	<input style="width: 100%;" type="text"/>		
<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	BSB	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="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

Email Date

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.