



HEALTHPOINT HEALTHCLAIMS

PROVIDER DETAILS FORM

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

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 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"/> <input type="text"/>
<input type="checkbox"/>	Delete provider	Modality <input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Change Bank Acct	Name of account <input style="width: 200px;" 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"/> <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="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"/> <input type="text"/>
<input type="checkbox"/>	Delete provider	Modality <input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Change Bank Acct	Name of account <input style="width: 200px;" 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"/> <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="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"/> <input type="text"/>
<input type="checkbox"/>	Delete provider	Modality <input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Change Bank Acct	Name of account <input style="width: 200px;" 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"/> <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"/>

Section 3 – Change of Address Details

New Practice Address	<input style="width: 100%;" type="text"/>	State <input style="width: 100px;" type="text"/>	Postcode <input style="width: 100px;" type="text"/>
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New Postal Address	<input style="width: 100%;" type="text"/>	State <input style="width: 100px;" type="text"/>	Postcode <input style="width: 100px;" type="text"/>
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Section 4 – Authorised Signature - this form must be signed by a person with authority to sign and provide bank details for all providers listed. Dedalus 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 as detailed in the table below.

Provider Modality		Documentation Required
Audiologists Chiropractors Dentists Dental Hygienists* Dental Prosthetists Dental Specialists Dental Therapists* Dietitians Exercise Physiologists	Occupational Therapists Optometrists Optical Dispensers Oral Health Therapists* Osteopaths Physiotherapists Podiatrists Psychologists Speech Pathologists	A Medicare Australia Provider Letter for the Registered Address of the Practice, OR A printout of the HPOS Medicare Registration Status for the Registered Address of the Practice with the date/time stamp of access visible. *Please provide the Medicare Provider Letter / HPOS Printout that shows your Medicare Provider number you use for PRIVATE billing.
General Practitioners Nurse Practitioners		Not Required
Acupuncturists Counsellors	Myotherapists Remedial Massage Therapists	A Medibank Private Provider Letter for the Registered Address of the Practice AND a current Certificate of Registration from each Provider’s professional association.

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