Dedalus

DEDALUS HEALTHCLAIMS

CHANGE OF 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.)

☐	Add new provider	Sections 1, 2,3 and 4 and attach provider letter	☐	Change Bank Account details	Sections 1; 2 – name of account, BSB number, account number; section 4
☐	Change provider's name	Sections 1, 2 – Name, provider number; Section 4 and attach provider letter	☐	Change Postal Address	Sections 1, 3 and 4
☐	Delete provider	Sections 1; 2 – Name, provider number; Section 4	☐	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

☐ Add Provider ☐ Change name ☐ Delete provider ☐ Change Bank Acct

Name of provider (enter name as appears on Provider Letter)

Provider Number | Modality

Name of account | BSB | Account number

☐ Add Provider ☐ Change name ☐ Delete provider ☐ Change Bank Acct

Name of provider (enter name as appears on Provider Letter)

Provider Number | Modality

Name of account | BSB | Account number

☐ Add Provider ☐ Change name ☐ Delete provider ☐ Change Bank Acct

Name of provider (enter name as appears on Provider Letter)

Provider Number | Modality

Name of account | BSB | Account number

Section 3 – Change of Address Details

New Practice Address | State | Postcode

New Postal Address | State | Postcode

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 HealthPoint 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.

Print Form