BUPA MEDICAL BENEFIT STATEMENT ACCESS FORM

To ensure privacy and security of benefits statement retrieval, this form is to be completed and signed by the medical provider registered with Bupa's Medical Gap Scheme or authorised representative.
To securely access your consolidated weekly statement, enter your user ID and password as provided by Bupa.

SECTION A: Practice details

Practice name

Practice ID

Practice address

Postcode

Telephone

Fax

Email

Please print all the provider numbers at this location

SECTION B: Existing User ID

User ID

First name

Surname

Email

SECTION C: Additional User ID required

Access to weekly statements may be granted to third parties such as your practice manager or receptionist. If you wish to do this, please provide their details below.

Important: you must ensure that you inform us when this person leaves so we can remove their access to your information.

1. Surname

First name

Position

Telephone

Email

2. Surname

First name

Position

Telephone

Email

HBA, MBF and Mutual Community are part of Bupa

Bupa Australia Pty Ltd
ABN 81 000 057 590

SECTION D: Delete User ID

1. Surname

First name

Position

Telephone

Email

2. Surname

First name

Position

Telephone

Email

SECTION E: Authorised representitive

Declaration

To ensure the privacy and security of your transaction details and of Bupa's information systems, and to minimise the risk of any problems or service interruptions, the provider/Authorised representative hereby agrees to:

- maintain the security and confidentiality of any user names or passwords it receives from Bupa (distributing them to staff on a strictly needs-to-know basis).
- promptly inform Bupa of staff changes, and
- inform Bupa immediately if a password is lost or compromised.

The provider/Authorised representative acknowledges that Bupa is not responsible or liable for any problems, service interruptions or losses associated with the performance or failure of the information systems (whether owned or leased) the provider uses to access online benefit statements.

Please return the completed form by fax or email to:

Fax: (03) 9937 4419

Email: sprovops@bupa.com.au

Should you require further information regarding this service, please call Provider Operations on 1800 060 239

Provider name or Authorised representative

Title

Signature

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