

DXC HEALTHCLAIMS
CHANGE OF DETAILS FORM

Please return this application to DXC via Fax on 1800 500 874, email to HealthPoint@dxc.com or post to DXC HealthPoint, PO Box 148, North Ryde, NSW 1670.

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 **SUN**

(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: 80%;" 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="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"/> 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="text"/>

<input type="checkbox"/>	Add Provider	Name of provider <input style="width: 80%;" 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="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"/> 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="text"/> <input type="text"/>

<input type="checkbox"/>	Add Provider	Name of provider <input style="width: 80%;" 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="checkbox"/>	Delete provider	Modality <input style="width: 100%;" type="text"/>
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Section 3 – Change of Address Details

New Practice Address	<input style="width: 500px;" type="text"/>	State <input style="width: 50px;" type="text"/>	Postcode <input style="width: 50px;" type="text"/>
	<input style="width: 550px;" type="text"/>		

New Postal Address	<input style="width: 500px;" type="text"/>	State <input style="width: 50px;" type="text"/>	Postcode <input style="width: 50px;" type="text"/>
	<input style="width: 550px;" 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 and Exercise Physiologists.

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 "Swipe" screen.**

1. Select **[FUNC]**.
2. Type in **8**, Press [Enter]
3. If required, enter the Operator ID
4. If required, Press **1** for Touch
5. Press **1** for HealthPoint
6. Press **9** for HealthPoint Admin
7. Press **3** for Update Config
8. 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
9. HealthPoint will print the updates.