

**DXC HEALTHCLAIMS**  
**CHANGE OF DETAILS FORM**

Please return this application to DXC via 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: 150px;" 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"/> 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="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: 150px;" 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"/> 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="text"/>

<input type="checkbox"/>	Add Provider	Name of provider <input style="width: 80%;" type="text"/>
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<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: 150px;" type="text"/>
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**Section 3 – Change of Address Details**

New Practice Address	<input style="width: 100%;" type="text"/>	State <input style="width: 50px;" type="text"/>	Postcode <input style="width: 50px;" type="text"/>
	<input style="width: 100%;" type="text"/>	State <input style="width: 50px;" type="text"/>	Postcode <input style="width: 50px;" type="text"/>

New Postal Address	<input style="width: 100%;" type="text"/>	State <input style="width: 50px;" type="text"/>	Postcode <input style="width: 50px;" type="text"/>
	<input style="width: 100%;" type="text"/>	State <input style="width: 50px;" type="text"/>	Postcode <input style="width: 50px;" 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.