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**DIRECT BILLING MEDICAL PROVIDER DETAILS FORM**

**for Allianz Global Assistance OSHC & OVHC claims payments**

**Please return via email to the Medical Provider Management team at** [**MedicalNetwork@allianz-assistance.com.au**](mailto:MedicalNetwork@allianz-assistance.com.au)

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| **PROVIDER / PRACTICE DETAILS** | | | | | | | | |
| **ABN or ACN:** |  | | **BUSINESS ENTITY TYPE:**  E.g. Company, Sole Trader | | |  | | |
| **LEGAL ENTITY NAME:** |  | | | | | | | |
| **PRACTICE NAME:**  If different from above |  | | | | | | | |
| **PRACTICE STREET ADDRESS:** |  | | | | | | | |
| **PRACTICE EMAIL ADDRESS:** |  | | | | **PHONE NO:** | |  | |
| **PRACTICE WEBSITE:** |  | | | | | | | |
| **OPENING HOURS:** | Monday |  | | | Friday | |  | |
| Tuesday |  | | | Saturday | |  | |
| Wednesday |  | | | Sunday | |  | |
| Thursday |  | | | Public Holidays | |  | |
| **MEDICAL SERVICES PROVIDED BY YOUR PRACTICE:**  These services are eligible for online direct billing with us as per MBS guidelines. (Also see below.) | Doctor - General Practitioner | | | | Pregnancy Care (Maternity Sharecare) | | | |
| After Hours Home Visit GP | | | | Nurse Practitioner | | | |
| Pathology (only non-inpatient billing eligible for online direct billing) | | | | | | | |
| Radiology (only non-inpatient billing eligible for online direct billing) | | | | | | | |
| Optical (eye test only) | | | | Male doctors | | | Female doctors |
| If your service is not listed above, please specify your service here. Your service may not be eligible for online direct billing with us - we will confirm upon receipt of your form. |  | | | | | | | |
| **PRIMARY CONTACT - Practice Manager or other primary contact. (Internal use only)** | | | | | | | | |
| **PRIMARY CONTACT NAME:** |  | | | **ROLE:** | |  | | |
| **DIRECT EMAIL ADDRESS:** |  | | | **PHONE NO:** | |  | | |
| **ACCOUNTS DEPARTMENT** | | | | | | | | |
| **MAILING ADDRESS:** |  | | | | | | | |
| **ACCOUNTS CONTACT PERSON:** |  | | | | | | | |
| **REMITTANCE EMAIL:** |  | | | **ACCOUNTS PHONE NO:** | |  | | |
| **EFT BANK DETAILS (Payments made by direct deposit only)** | | | | | | | | |
| Please submit one of the following as evidence of the bank account (must clearly show BSB, Account Number & Account Name):  **Bank Statement** (top section only required showing the account details)  **Bank Deposit Slip**  **Account Confirmation Letter** with bank letterhead  **Mobile banking site screenshot** | | | | | | | | |
| **BANK ACCOUNT NAME:** |  | | | | | | | |
| **BSB:** |  | | **ACCOUNT NUMBER:** | | |  | | |
| **BANK:** |  | | | | | | | |

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**DIRECT BILLING MEDICAL PROVIDER DETAILS FORM** (continued)

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| **LANGUAGES / INTERPRETING SERVICES** | | | | | | |
| **LANGUAGES SPOKEN AT PRACTICE:** | | English | | Translating & Interpreting Service | | |
| Afrikaans  Arabic  Bengali  Bhasa Indonesian  Burmese  Cantonese  Chinese  Columbian  Croatian  Czech  Dari  Dutch  Egyptian  Farsi  Filipino | French  Gujarati  German  Greek  Hakka  Hebrew  Hindi  Hokkien  Hungarian  Igbo  Indian  Indonesian  Iranian  Italian  Japanese | Kannada  Khmer  Konkani  Korean  Latvian  Lithuanian  Macedonian  Malay  Malayalam  Mandarin  Marathi  Nepalese  Pashto  Persian  Polish | Portuguese  Punjabi  Pashto  Romanian  Russian  Sanskrit  Serbian  Sign Language  Sindhi  Sinhalese  Slovakian  Spanish  Sri Lankan  Sudanese  Tagalog | Taiwanese  Tamil  Telugu  Teochew  Thai  Tongan  Tulu  Turkey  Ukrainian  Urdu  Vietnamese  Yiddish |
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| **BILLING INFORMATION (Please contact us if future changes are made to your billing)** | | | | | | |
| **OSHC (Student) BILLING:**  (Select the correct answer for your practice)  C:\Users\jpollock\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Membership_Card.png | **100% MBS BENEFIT FEE ONLY for GP Services / 85% MBS BENEFIT FEE ONLY for Out-of-Hospital Pathology, Radiology and Specialist services (benefit amount) -** We will only charge 100% MBS benefit fee for GP Services, 85% MBS benefit fee for Out-of-Hospital Pathology, Radiology and Specialist services, billed direct to AWP through the online medical provider portal.  **CO-PAYMENT / GAP FEE -** We will bill 100 % MBS benefit fee for GP Services, 85% MBS benefit fee for Out-of-Hospital Pathology, Radiology and Specialist services direct to AWP (through the online medical provider portal) **AND** **charge a co-payment or gap fee to the student.**  ***Please advise the gap fee amount:***  **STUDENT PAY & CLAIM -** We will charge the student in full for medical services. We will not direct bill AWP via the online direct billing portal.  ***PLEASE NOTE:* If this option is selected we are unable to contract with you at this time.** | | | | | |
| **OVHC (Visitor) BILLING:**  (Select the correct answer for your practice) | **100% MBS BENEFIT FEE ONLY for GP Services / 85% MBS BENEFIT FEE ONLY for Out-of-Hospital Pathology, Radiology and Specialist services (benefit amount) -** We will only charge 100% MBS benefit fee for GP Services, 85% MBS benefit fee for Out-of-Hospital Pathology, Radiology and Specialist services, billed direct to AWP through the online medical provider portal.  **CO-PAYMENT / GAP FEE -** We will bill 100 % MBS benefit fee for GP Services, 85% MBS benefit fee for Out-of-Hospital Pathology, Radiology and Specialist services direct to AWP (through the online medical provider portal) **AND** **charge a co-payment or gap fee to the visitor.**  ***Please advise the gap fee amount:***    **VISITOR PAY & CLAIM -** We will charge the visitor in full for medical services. We will not  direct bill AWP via the online direct billing portal. | | | | | |

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**DIRECT BILLING MEDICAL PROVIDER DETAILS FORM** (continued)

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| **PRACTICE DOCTORS (Please complete for all doctors at your practice)** | | | | | | | | |
| **DOCTOR’S NAME:** | | **AHPRA REGISTRATION NO.** | | | **MEDICARE PROVIDER NO.** | | **MALE/FEMALE** | |
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| **SERVICES AVAILABLE AT THE SAME LOCATION / CLOSE BY** | | | | | | | | |
| **OTHER MEDICAL SERVICES OR FACILITIES AT SAME LOCATION:**  These are services that are not billed by your practice or are not eligible for online direct billing with us.  This Information is requested to assist our members only, not for contracting/billing purposes. | ***Common Services*** | | | | | | | |
| Pathology | | Radiology | Pharmacy | | Doctor - GP | | None |
| ***Allied Health Services*** | | | | | | | |
| Dietician | | Exercise  Physiology | Occupational  Therapy | | Physiotherapy | | Podiatry |
| Audiology | | Chiropractor | Optometry | | Speech  Pathology | | Counselling Services |
| Psychologist | | Psychiatrist |  | |  | |  |
| ***Specialists & other medical services*** | | | | | | | |
| Anaesthetist | | Cardiologist | Diabetic  Nurse Educator | | Dermatologist | | Dentist |
| Endocrin-  ologist | | Gastroent-  erologist | Geriatrician | | Gynaecology | | Infectious  Diseases Specialist |
| Medical &  Radiation Oncology | | Neurologist | Obstetrics | | Oncologist | | Paediatrician |
| Physician &  Specialist Medicine | | Respiratory  Physician | Renal  Physician | | Rheumatologist | | Skin Clinic |
| Urologist | | Cardio-  thoracic Surgeon | Colorectal  Surgery | | Eye Surgeon | | Vascular  Surgeon |
| Day Hospital | | Public  Hospital | Private  Hospital | |  | |  |