

Provider Registration Form



This form is for providers seeking to register as a recognised provider with Australian Unity.

- Please include all relevant documents and keep copies if required, as Australian Unity will not return originals.
- Please make sure you have read and understood the provider terms and conditions before completing this form.

These terms and conditions are available by calling **1800 035 360** or by visiting australianunity.com.au/providerterms

1. Provider details

Title	<input checked="" type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input checked="" type="checkbox"/> Ms	<input checked="" type="checkbox"/> Miss	<input checked="" type="checkbox"/> Dr								
Surname	<input type="text"/>				First name	<input type="text"/>							
Principal practice name	<input type="text"/>				ABN	<input type="text"/>							
Practice start date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Principal practice address	<input type="text"/>												
Suburb	<input type="text"/>				State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>												
Suburb	<input type="text"/>				State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary practice address	<input type="text"/>												
Suburb	<input type="text"/>				State	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice start date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Business phone	<input type="text"/>				Mobile	<input type="text"/>							
Email	<input type="text"/>												
Website	<input type="text"/>												

Name of Professional Association of which you are a member

Membership number

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Modalities

Accreditation date

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Nature of practice (e.g. partnership/sole trader)	<input type="text"/>
Business partner name(s)	<input type="text"/>

2. Optical dispenser details

Are you an Optical Dispenser? Yes No (if no, go to section 3)

I have a current Australian Optical Dispenser Certificate

I have a current certificate of currency confirming a minimum of \$2 million professional indemnity insurance

I have a current certificate of currency confirming a minimum of \$10 million public liability insurance

I have a current certificate of currency confirming a minimum of \$10 million product liability insurance

3. Declaration

I declare the information disclosed on this form is true and correct. By signing this form, I agree to become a recognised Australian Unity provider and that I have read, understood and accept the provider terms and conditions, which are available by calling **1800 035 360** or visiting australianunity.com.au/providerterms

As a recognised Australian Unity provider, I understand that my business details may be provided to Australian Unity members from time to time. I agree to provide Australian Unity with reasonable assistance from time to time with any of its investigations into whether the provider terms and conditions have been complied with (either by me or by another practitioner). All personal information provided to Australian Unity will be used in line with Australian Unity's privacy policy, which is available at australianunity.com.au/privacy-policy

Signature

Date

 / /

We handle your personal information in accordance with our Privacy Policy available at australianunity.com.au/privacy or by calling **13 29 39**.



Return by post

Australian Unity Health
Reply Paid 91943, Melbourne VIC 3000
(No stamp is required)



Email

providerservices@australianunity.com.au
Please return your completed and signed form to Australian Unity within 10 days.

Contact us

13 29 39
australianunity.com.au