

Application for provider recognition

HCi recognises providers of general (or extras) treatment in independent private practice (ie not working in a hospital or a subsidised facility). To be considered for recognition by HCi, please complete this form and send it to us at enquiries@hciltd.com.au. Please complete a separate form for each additional speciality and each different practice address for which you seek recognition.

Business details

Business trading name

ABN

Practice address (including postcode)

Postal address (including postcode)

Email

Phone

Website

Health provider details

Please provide the name of the person providing the treatment - if there is more than one to be registered, please add their details on the reverse of this form.

Family name

Given name(s)

Title

Medicare provider number (if applicable)

Which board or industry body that governs your profession are you a member of?

Types of service

Podiatrist

Dietician

Remedial Massage

Chiropractor

Optical provider

Other (please specify)

Declaration

I wish to apply for HCi provider recognition and understand that provider recognition is provided, or revoked, at HCi's sole discretion. I have read, understand and will abide by **HCi's Terms and Conditions for Recognised Providers**. I certify that the information provided above is true and complete.

Signature

Date

dd / mm / yyyy