

Health Fund Declaration Form

ATMS is a 'professional organisation' within the meaning of section 10 of the Private Health Insurance Accreditation Rules 2011. This potentially allows ATMS accredited members to be recognised as approved providers by the various private health funds. Approved health fund provider status is, however, subject to each individual health fund's requirements.

Consequently, membership of ATMS does not automatically guarantee provider status with all health funds.

To be eligible for health fund provider status, an Accredited Member of ATMS must:

- Fill out the Health Fund Declaration Form.
- Be in private practice.
ATMS and the Health Funds define Private Practice as 'Independent private practice means a professional practice (whether sole, partnership or group) that is self-supporting. This means that its accommodation, facilities and services are not provided or subsidised by another party such as a public hospital or publicly funded facility.
- Have current Provide First Aid (previously known as Senior First Aid, Apply First Aid and Workplace Level 2 First Aid) on file with ATMS at all times.
- Have current Professional Indemnity Insurance on file with ATMS at all times.
- Comply with the ATMS Continuing Professional Education (CPE) Policy.
- Have a clinic address (mobile services must have an invoice address and Full street address, no PO Box addresses are accepted).
- Hold accreditation with ATMS in the relevant modality.
- Meet the health fund provider status requirements for that modality, which may differ between funds.

The eligibility requirements are listed on the ATMS website www.atms.com.au. It is the responsibility of the member to provide the required information in order for ATMS to assess the members' eligibility. ATMS reserves the right to request additional documentation as required in order to assess your eligibility for health fund provider status.

If you have existing provider numbers, please provide each provider number against each clinic and modality. ATMS will then verify with the health funds that these provider numbers are still valid.

Lapsed membership, insurance or first aid will result in a member being removed from the health funds list. As health funds change their provider eligibility requirements from time to time, upgrading qualifications may be necessary to be re-instated with some health funds.

Please be aware that whilst a health fund may indicate that they provide a rebate for specific modalities, this rebate may only be claimable if the client has the appropriate level of health cover with that fund and has not exceeded any limits on how much they are eligible to claim back over a certain period of time. Rebates are only claimable for the consultation (not the medicines or remedies); however this does not extend to mobile work including markets, corporate or hotels. Home visits are eligible for rebates.

All practitioners looking to gain health fund provider status must be familiar with the terms and conditions of provider status with all of the health funds. The terms and conditions for the health funds can be found on the ATMS website www.atms.com.au.

Please note that whilst there is no law or regulation requiring patient clinical notes to be taken in English, many of the major health funds do require patient clinical notes to be taken in English. Failure to do this will be a breach of the Health Funds Terms and Conditions and may result in the practitioner being removed as a provider for that health fund.

For health funds to rebate on the services of Accredited members, it is important that a proper invoice be issued to patients. The information which must be included on an invoice is also listed on the ATMS website. It is ATMS policy that only Accredited members issue their own invoice. An Accredited member must never allow another practitioner, student or staff member to use their provider details, as this constitutes health fund fraud. Misrepresenting the service(s) provided on the invoice also constitutes health fund fraud. Health fund fraud is a criminal offence which may involve a police investigation and expulsion from the ATMS Register of Members.

Health Fund Declaration Form

Member Name _____

ATMS Number _____

Please print name in English. ATMS and the health funds do not register clinic/business names, only individuals.

By signing this form, I declare that:

- ✓ I understand that it is my responsibility to provide all of the required information for ATMS to assess my eligibility for health fund provider status.
- ✓ I understand that I may not be eligible for all health funds.
- ✓ I have not been investigated, suspended or deregistered as a provider from a health fund.
- ✓ I am in private practice.
- ✓ I have provided ATMS with a clinic address, current Provide First Aid Certificate and current Professional Indemnity Insurance Policy.
- ✓ I authorise ATMS to send my details to the health funds, and understand that health funds may then publicise these details on their public websites.
- ✓ I have read, understood and agree to abide by the terms and conditions for the health funds as listed on the ATMS website.
- ✓ I agree to abide by the ATMS Constitution, Code of Conduct and official policies.
- ✓ I understand that it is health fund fraud to allow any other practitioner to use my provider numbers and that penalties for health fund fraud can include permanent de-registration as a provider and expulsion from ATMS.
- ✓ I understand that providing false or misleading information with regards to this Declaration could lead to ATMS revoking my membership.

DECLARATION

Have you ever been convicted of a criminal offence, had a complaint made against you considered by a complaints or disciplinary body including other associations, been suspended or expelled from another association, or been investigated, suspended or deregistered as a provider from a health fund? **YES** **NO**

If yes, please provide details _____

I declare that the information in this application and supporting documentation is true and correct. I agree to abide by the ATMS Constitution, ATMS Code of Conduct, official ATMS policies and to provide the highest professional conduct in all aspects of my practice.

Some health funds require a clinic phone number and email address as an additional means to contact you. If you do not provide a clinic phone number your details will not be sent across to ARHG. In providing these details you are consenting to the use of this information by the relevant health funds.

Signed

Dated

Please return this Health Fund Declaration Form to ATMS along with any required documentation in order to assess your eligibility for health fund provider status. ATMS will notify you in writing of the health funds you are eligible for, as well as when your details will be sent to the health funds. Please note that as some health funds will only take this information on a monthly basis and generate specific provider numbers after receiving the lists, this process can take a minimum of 4 to 6 weeks.