



Email: sprovops@bupa.com.au

Bupa Australia Pty Ltd (Bupa) will not accept any responsibility for payment if the bank details you provide are incorrect. If at any stage you would like to change your bank account details we require 14 days written notice. Payment by Bupa in accordance with the bank details provided by you will constitute an effective discharge of the debt. Bupa will only collect your information in order to establish and maintain a relationship with you as a Bupa Medical Gap Scheme provider. You may request access to this information by calling Bupa on 134 135.

Complete the Bupa Medical Benefit Statement Access Form to view your statements via our website.

It is a requirement that you provide Bupa with the details of all the locations that you practice at. If there is not enough space below, please enclose a separate page stating the Provider name, number and address of each as indicated below.

| | |
|------------------|--|
| 1. Provider name | |
| Provider number | |
| Practice address | |
| Postcode | |
| 2. Provider name | |
| Provider number | |
| Practice address | |
| Postcode | |
| 3. Provider name | |
| Provider number | |
| Practice address | |
| Postcode | |
| 4. Provider name | |
| Provider number | |
| Practice address | |
| Postcode | |
| 5. Provider name | |
| Provider number | |
| Practice address | |
| Postcode | |
| 6. Provider name | |
| Provider number | |
| Practice address | |
| Postcode | |