

Please return this application to HealthPoint Claims via email to [healthpoint@healthpointclaims.com](mailto:healthpoint@healthpointclaims.com)

**Important Note** – if you are adding a *New Provider*, *Changing a Provider Name* or *Changing the Practice Address* you must attach a copy of each providers **Medicare Australia Provider Letter / HPOS Printout** or **Medibank Private** letter as applicable (refer to page 2 for details), allow 2-3 working days for the processing of New Provider(s). (**Note:** this timeframe does not apply to all Health Funds, some may take longer to process registration details.)

<input type="checkbox"/>	Add new provider	Sections 1, 2,3 and 4 and attach provider letter	<input type="checkbox"/>	Change Bank Account details	Sections 1; 2 – name of account, BSB number, account number; section 4
<input type="checkbox"/>	Change provider's name	Sections 1, 2 – Name, provider number; Section 4 and attach provider letter	<input type="checkbox"/>	Change Statement Address	Sections 1, and 4
<input type="checkbox"/>	Delete provider	Sections 1; 2 – Name, provider number; Section 4	<input type="checkbox"/>	Change of Address	Sections 1, 2 , 3 and 4 and attach provider letter(s)

**Section 1 – Your Practice Details**  
This information will be used to update your record with HealthPoint Claims

Customer ID   
(located on HealthClaim receipt)

Practice Trading Name

Contact Phone

Title

Practice Administrator

Contact Email

**Electronic Claiming Statements Email Address** Where would you like the billing and claiming statements emailed to?  
Practice Administrator email as entered above?

If Practice administrator email address is not being used then please ensure you nominate a contact person and email address below to receive the statements

Nominated Contact Name

Nominated Contact Email

These details will be used to update all records. HealthPoint will securely email your monthly statements to the details supplied above.

**Section 2 – Provider Details**

When adding a provider or changing a provider name – provider letter MUST be attached

☐ Add Provider

☐ Change name

☐ Delete provider

☐ Change Bank Acct

Name of provider  
(enter name as appears on Provider Letter)

Provider Number

Modality

Name of account

BSB

Account number

☐ Add Provider

☐ Change name

☐ Delete provider

☐ Change Bank Acct

Name of provider  
(enter name as appears on Provider Letter)

Provider Number

Modality

Name of account

BSB

Account number

☐ Add Provider

☐ Change name

☐ Delete provider

☐ Change Bank Acct

Name of provider  
(enter name as appears on Provider Letter)

Provider Number

Modality

Name of account

BSB

Account number

**Section 3 – Change of Address Details**

New Practice Address

State

Postcode

**Section 4 – Authorised Signature** - this form must be signed by a person with authority to sign and provide bank details for all providers listed. Dedalus will provide these details to participating health funds

Signature

Name

Email

Date

**Privacy Statement**  
All personal information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at [www.healthpointclaims.com.au/privacy](http://www.healthpointclaims.com.au/privacy) or by calling us on 1300 301 692. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information but, if you don't, we may not be able to process your application or request.

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01082025 Unrestricted Document

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**Provider Letter Requirements when Adding or Changing provider details.**

Attach a copy of each Provider's confirmation of registration for this practice and modality as detailed in the table below.

Provider Modality		Documentation Required
AMH Social Worker	Occupational Therapists	A Medicare Australia Provider Letter for the Registered Address of the Practice, <b>OR</b> A printout of the HPOS Medicare Registration Status for the Registered Address of the Practice with the <b>date/time stamp of access visible</b> .  *Please provide the Medicare Provider Letter / HPOS Printout that shows your Medicare Provider number you use for <b>PRIVATE</b> billing.
Audiologists	Optometrists	
Chiropractors	Optical Dispensers	
Dentists	Oral Health Therapists*	
Dental Hygienists*	Osteopaths	
Dental Prosthetists	Physiotherapists	
Dental Specialists	Podiatrists	
Dental Therapists*	Psychologists	
Dietitians	Speech Pathologists	
Exercise Physiologists		
General Practitioners		Not Required
Nurse Practitioners		
Acupuncturists	Myotherapists	A Medibank Private Provider Letter for the Registered Address of the Practice <b>AND</b> a current Certificate of Registration from each Provider's professional association.
Counsellors	Remedial Massage Therapists	

**How to Update your Terminal with new or updated Details****→ Start from the "Idle" screen.**

1. Press **[ENTER]**.
2. Scroll down, and select the corresponding number for SERVICES.
3. Press **1** for HEALTHPOINT.
4. Press **9** for HEALTHPOINT ADMIN.
5. Press **3** for UPDATE CONFIG.
6. Choose the Details to be Updated
  - Press **1** to UPDATE ALL details
  - Press **2** to update PRACTICE DETAILS
  - Press **3** to update HEALTH FUNDS details
  - Press **4** to update PROVIDER DETAILS.
  - Press **5** to update SERVICE ITEMS
7. HealthPoint will print out the updates made to the terminal. Select **[YES, DONE]** to return to the "Idle" Screen

**Privacy Statement**

All personal information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at [www.healthpointclaims.com.au/privacy](http://www.healthpointclaims.com.au/privacy) or by calling us on 1300 301 692. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information but, if you don't, we may not be able to process your application or request.

# HEALTHCLAIMS PROVIDER TERMS & CONDITIONS

## ACKNOWLEDGEMENT AND AGREEMENT

### 1 INTRODUCTION

1.1 HealthClaims (which is also known as “HealthPoint Claims”) is comprised of two separate but related services:

- a) a Claims Service provided by HPC; and
- b) a Processing Service provided by the Health Funds. The terms “Claims Service” and “Processing Service” are defined in clause 13 (Definitions) at the end of this document.

1.2 If You make an Application for HealthClaims and the Application is accepted:

- a) HPC will provide You (and your Providers as detailed on Your Application, and as updated by You from time to time) with the Claims Service in accordance with these Terms and Conditions and the Application; and
- b) the Health Funds will provide You with the Processing Service, contingent upon Your compliance with Clause 6 (Your Obligations for Health Fund Claiming).

1.3 You will, and You will ensure your Providers:

- a) comply with the detailed procedure for the operation of Claims Service set out in the relevant Guide; and
- b) co-operate as reasonably required by HPC and the Health Funds for the successful implementation and operation for HealthClaims.

1.4 HPC enters the Agreement on its own behalf for the Claims Service and will use commercially reasonable efforts to fulfill its obligations in a timely manner.

1.5 HPC enters into this Agreement as agent for each of the Health Funds for the Processing Services. The liability of each Health Fund under this Agreement is several (not joint).

1.6 The Application must be signed by a Provider or by a person with authority to sign on behalf of a Provider. That signature will bind all Providers listed in the Application (jointly and severally) and the person signing warrants that the Providers on whose behalf he or she has signed have agreed to these Terms and Conditions.

1.7 Capitalised terms in this Agreement are defined in clause 13 (Definitions).

### 2 REPRESENTATIONS AND WARRANTIES

2.1 You represent and warrant to HPC that:

- a) Licences and Qualifications  
You have and will maintain all necessary permits, licences, consents, approvals, registrations, memberships, authorisations, and qualifications required to provide the Health Services to the Member.
- b) Transactions and Compliance with Laws
  - (i) All Transactions entered into HealthClaims are for Health Services eligible for funding under the relevant scheme comply with applicable laws.

- (ii) You will comply with all applicable privacy, consumer, and other laws regarding the use of HealthClaims, and the provision, use, and disclosure of Health Fund Transaction Data.

- (iii) You represent and warrant that:

1. You will not engage in any conduct or omission that may contravene any Modern Slavery Law.
2. You will take all reasonable actions necessary to mitigate or reduce modern slavery risks in your operations and supply chains to remain in compliance with applicable Modern Slavery Laws.
3. You will promptly notify HPC upon becoming aware of any potential, suspected, or actual breach of Modern Slavery Laws by You in connection with this Agreement.
4. You will provide information and documents reasonably requested by HPC related to your efforts to mitigate or reduce modern slavery risks and to maintain compliance with all applicable Modern Slavery Laws.

c) Use of HealthClaims

You will:

1. take reasonable steps and follow any reasonable directions from HPC or your Merchant Service Provider to protect the HealthClaims from harm and prevent harmful code from being uploaded;
2. not attempt to bypass any security feature of HealthClaims;
3. use HealthClaims only as permitted by this Agreement.

d) Power and Authority

You have all necessary corporate and other power to enter into and perform Your obligations under this Agreement, and the obligations under this Agreement are valid and legally binding and enforceable against You. If You are a corporation:

1. all corporate actions necessary for performance of this Agreement have been taken; and
2. You are in good standing in Your jurisdiction of incorporation.

e) Provider Acting on Behalf of Others

If You are entering into this Agreement on behalf of one or more other entities:

- (i) You are responsible for ensuring that each Provider complies with this Agreement
- (ii) You will receive notices on behalf of each other Provider and promptly forward them.

f) Agreement Acknowledgement

You have read, understand, and agree to the terms of this Agreement and have had the opportunity to consult with counsel.

# HEALTHCLAIMS PROVIDER TERMS & CONDITIONS

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### g) Insurance

You will maintain such insurances in respect of the provision of Health Services as are necessary and/or appropriate.

## 3 INSTALLATION AND EQUIPMENT

- 3.1 HPC will provide the Claim Service to You via Your Terminal or via a Claiming Application installed on an Electronic Device.
- 3.2 HPC will provide You with training in how to use HealthClaims.
- 3.3 If You sell Your business or move Premises after Your Bank or Merchant Service Provider has installed HealthClaims You must notify both Your Merchant Service Provider or Bank and HPC. The HealthClaims service that HPC and the Health Funds provide to You pursuant to the Agreement cannot be assigned to another party.

## 4 THE HEALTH FUND'S CLAIM OBLIGATIONS

- 4.1 Payment for services provided by You remain the responsibility of the Patient. The use of HealthClaims to process Claims on behalf of the Patient is undertaken with the approval of the Patient.

Where a Health Fund pays a benefit for Health Services provided by You, this is deducted from the overall cost of the treatment or service with any outstanding amount owed payable by the Patient.

- 4.2 The Health Fund will process Claims in accordance with:

- a) its internal procedures and policies, the terms advised to its Members and Providers, and its Fund Rules;
- b) instructions You give in Your Application (for example, the bank account you instruct the Health Fund to pay benefits into as updated by You from time to time; and
- c) any separate agreements it may hold with You that govern Adjusted Gap.

- 4.3 A Health Fund is solely responsible for verifying, authorising, or rejecting Health Fund Transaction Data relating to Claims and Cancellations, and is under no obligation to accept or settle electronic Claims if:

- a) the Claim does not satisfy the criteria of the Member's cover;
- b) a Member disputes the validity of a Claim;
- c) the Claim is not for an Approved Modality;
- d) an untrue or illegal Transaction request or Claim is submitted;
- e) the Provider has breached terms or standards between You and the Health Fund relating to the payment of benefits for the services that You provide;
- f) any Claim or Transaction request is not authorised by the Member;
- g) the Health Service and/or associated goods have not been provided to the Member at the time of submitting the Claim or Transaction request;

- h) the Member does not agree that the Health Service and/or associated goods received are correct; or
- i) the Health Services and/or associated goods were provided by another provider or person not listed by the Health Fund as the recognised provider;
- j) Claims have been received through unapproved Claiming Applications or Communication Channels;
- k) Your participation in a Claiming Application or Communication Channel has been terminated under clause 9.2;
- l) A Health Fund has directed HPC to terminate this agreement prior to any Transaction request;
- m) the Health Fund is not able to accept or settle a Claim due to circumstances beyond the Health Fund's reasonable control; or
- n) the Health Fund has identified that you have breached clause 4.2 or 6.1 under this agreement.

Paragraphs (m) and (n) also applies to Transactions previously authorised by the Health Fund.

- 4.4 The Health Fund may, suspend or revoke Your right to submit Claims and Transactions to the Health Fund using HealthClaims, including (but not limited to) by disabling Your ability to transmit Claims and Transactions to the Health Fund through Your Terminal or a Claiming Application if:

- a) There is a material breach of these terms and conditions;
- b) You are in material breach of the terms between You and the Health Fund relating to the payment of benefits for Health Services that you provide; or
- c) there is a threat to the security of the HealthClaims system. See also clause 6 of this Agreement.

- 4.5 Where a Health Fund authorises a Transaction or Cancellation, or makes an adjustment to a previously settled Claim, it must calculate for each day the following: total of amounts the Health Fund has authorised for payment to You as a result of each Transaction minus the total of amounts the subject of each Cancellation, and minus the total of amounts of adjustments made by the Health Fund for previously settled Transactions.

- 4.6 Each Health Fund must pay to You the amount calculated for the purposes of clause 4.5 within 10 Business Days of the day for which the amount is calculated or other period agreed with You (unless the Claim is under dispute).

- 4.7 The Health Fund may suspend or terminate You from the Processing Service at any time if it determines:

- a) There is a material breach of these Terms and Conditions;
- b) You are in material breach of the terms between You and the Health Fund relating to the payment of benefits for Health Services that you provide; or
- c) there is a threat to the security of the HealthClaims system.

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## ACKNOWLEDGEMENT AND AGREEMENT

If the Health Fund has suspended or terminated You, the Health Fund is under no obligation to pay a Claim on the Health Fund using HealthClaims.

### 4.8 The Health Fund will:

- a) Establish and maintain a procedure for dealing with disputes about Transactions; and
- b) Provide You with a Health Fund contact point during the Health Fund's normal business hours.

### 4.9 Where a Cancellation request is accepted by the Health Fund, the original corresponding Claim request is immediately cancelled

### 4.10 A Transaction is not acceptable if the Member disputes any aspect of the Transaction at any time, even if a Health Fund has authorised the Transaction.

### 4.11 A payment of the settlement amounts set out in clause 4.3 will be made by the Health Fund to You by direct credit to Your nominated bank account or as otherwise agreed.

### 4.12 Where a Health Fund has settled a Transaction under clause 4.3 and if:

- a) the Transaction is not valid or acceptable within the Health Fund rules;
- b) the Transaction has been cancelled by the Member; or
- c) the settlement of a Transaction has been made in error

The Health Fund may require You to return payment for the amount of the Transaction within such period as reasonably nominated by the Health Fund or as agreed under the Provider Terms, or the Health Fund may direct HPC to debit the account nominated by You for settlement adjustments, or the Health Fund may elect to net the amount out of future payments to the account nominated by You for settlement. The net amount will be reflected in Your next settlement statement.

## 5 THE HEALTHCLAIMS PROCESSING SERVICE

### 5.1 Each participating Health Fund will have the right, to decide from time to time:

- a) which modalities they will process Claims in respect of;
- b) which item numbers they will accept from these modalities;
- c) if it will allow submission of Claims via a specific Claiming Application;
- d) if it will allow submission of Claims via specific Electronic Device; and
- e) if it will allow submission of Claims via a specific Communication Channels

## 6 YOUR OBLIGATIONS FOR HEALTH FUND CLAIMING

### 6.1 You will:

- a) not knowingly submit a Claim which is untrue or unauthorised by a Member;
- b) submit Claims in accordance with the relevant Guide and all applicable laws;

- c) retain for at least five (5) years, or any longer period required by law, original hardcopy, tax Invoice and digital receipts of Transactions signed or electronically accepted by Members and all other documents referred to in Clause 6.1(d);
- d) if required by a Health Fund, acting reasonably, within 10 Business Days of request by a Health Fund make available original signed and/or electronic Receipts and other supporting documentation including (but not limited to) treatment records, laboratory reports, tax invoices and appointment schedules as requested, where benefits have been paid by the Health Fund, verifying the Health Services to the Health Fund;
- e) retain and return a Card to a Health Fund where the Health Fund requests You to do so;
- f) notify in Your Application the details of any Providers who may use the Terminal or other device (as applicable) in respect of this Agreement, and notify HPC immediately in writing of any change in those details including the removal or addition of any such Providers;
- g) ensure any Rebate Estimate submitted:
  - (i) is true and correct;
  - (ii) has Member approval;
  - (iii) can be supported by relevant and adequate verifying documentation, which must be provided on reasonable request to the Health Fund; and
  - (iv) is requested and returned for the Member review prior to delivering the Health Services and associated goods, for which the Rebate Estimate was requested;
- h) ensure that the service descriptions used in the Transaction request or Claim are correct and include the service identifiers that have been agreed between the Health Fund and Your relevant professional association;
- i) immediately cease utilising HealthClaims for Claims on a Health Fund, or for the purpose of submitting Transactions, if that Health Fund reasonably requests You to do so or has advised you of termination of any Health Service in relation to this Agreement;
- j) promptly provide any information reasonably requested by the Health Fund or HPC related to HealthClaims or any Transaction or proposed Transaction. You acknowledge that if the Health Fund or HPC is not satisfied with Your response (acting fairly and reasonably), or if You fail to respond in a timely manner, the Health Fund or HPC may consider this when deciding whether to exercise the suspension rights under clause 8 or terminate the Agreement under clause 9.

### 6.2 You will not:

- a) make any representations or promises which purport to bind a Health Fund (for example, You will not promise a Member that a certain Claim will be accepted or a certain amount will be paid);

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- b) charge a Member a fee for making a Claim; or otherwise disadvantage a Member for making a Claim; or
  - c) accept a Card or process a submission from a Claiming Application if a Health Fund advises You not to do so; or
  - d) keep a Card on premises unless a Health Fund has advised you to do so in accordance with clause 6.1(e)
- 6.3 You represent and warrant that in respect of each Transaction:
- a) the particulars of the Transaction are true and correct (including the item number(s) of the service(s) delivered), you reasonably believe the Transaction is valid and You have taken reasonable care to detect unauthorised use of the Card;
  - b) the Claim represents Health Services and associated goods which have been provided by You to the Member identified on the physical or digital Card;
  - c) the Member does not, at the time You make the Claim, dispute liability to pay You for the Health Services and associated goods; and
  - d) except where clause 6.3(e) applies:
    - (i) the Claim has been processed in the Member's presence;
    - (ii) the Health Service has been provided, or the goods have been supplied, to the Member (unless otherwise authorised by the Health Fund);
    - (iii) the Member has reviewed and signed the Declaration on the Receipt or accepted the electronic Receipt; and
  - e) where the Claim is submitted in connection with an online order for goods:
    - (i) the Member has ordered the goods online and committed to purchase the goods at the time You submit the Claim;
    - (ii) the Member has reviewed the Transaction details and You have recorded the Member's acceptance of the Declaration generated by Your Claiming Application and a tax invoice has been issued; and
    - (iii) you accept the risk of having a Transaction reversed as a result of a Cardholder dispute. This means the Health Fund may reverse a Transaction if sufficient evidence verifying the Cardholder's identity is not promptly provided upon reasonable request, even after the Transaction has been paid.
- 6.4 A Claim is not valid if it is illegal, incomplete, false in any respect, unauthorised or if it relates to services not provided by You at your Registered Provider Location unless an alternative service location has been approved by the Health Fund.
- 6.5 You will protect the secrecy of Your user identification and password, which enable use of HealthClaims. HPC and Health Funds are entitled to accept a Claim as having been made by You if the Claim is submitted electronically using HealthClaims.

- 6.6 You must immediately advise HPC of any changes to your nominated bank account. HPC and the Health Fund will not be responsible for any failure in settlement to your nominated account where the details held by HPC are outdated or incorrect. The Health Fund will not be liable to You or any Provider for You or any Provider failing to receive payment of benefits for any Claim where correct bank account details have not been supplied by You to HPC.

## 7 SUPPORT SERVICES

- 7.1 Subject to clause 7.2, if You report a fault in HealthClaims (and You have not caused the fault) HPC will provide or procure the provision of telephone support in accordance with the relevant Guide.
- 7.2 The Support Services do not include equipment fault finding, equipment servicing or equipment replacement for Your Terminal.
- 7.3 HPC's obligations to provide Support Services will be reduced to the extent that Your act or omission (including any failure to comply with Your obligations under the Agreement) caused or contributed to the fault.

## 8 SUSPENSION

- 8.1 HPC may also, acting fairly and reasonably, suspend access to HealthClaims when reasonably necessary to:
- a) manage any risk, including security or integrity risks to HealthClaims;
  - b) prevent fraudulent activity or unauthorised use of Your HealthClaims credentials;
  - c) comply with Australian law, government directives, or requests from relevant authorities or schemes; or
  - d) prevent potential material loss to either party due to misuse or unauthorised use of HealthClaims.

HPC may suspend access for as long as needed to manage these risks or until it receives a satisfactory response to any reasonable request for information under clause 6.1(j), and will not be liable to You, subject to Clause 11. HPC may act without prior notice if immediate action is required but will provide a general explanation if possible. (If no prior notice is given, HPC will inform You within a reasonable time.) These rights in this clause 8 are in addition to the termination rights under Clause 9.

## 9 TERMINATION

- 9.1 You may terminate the Agreement at any time by giving notice in writing to HPC and Your Merchant Service Provider:
- a) immediately on notice if HPC commits a material breach of its obligations under this Agreement; or
  - b) immediately on notice if You cease to carry on business; or sell Your business or become insolvent unless You have assigned Your rights and obligations under the Agreement in accordance with clause 12.3 before the occurrence of any events referred to in this sub-clause.

# HEALTHCLAIMS PROVIDER TERMS & CONDITIONS

## ACKNOWLEDGEMENT AND AGREEMENT

- 9.2 A Health Fund or HPC may (for itself and on behalf of the Health Funds) terminate the Agreement:
- a) immediately on notice if You commit a material breach of your obligations under this Agreement;
  - b) immediately on notice if any HPC contract with the Health Funds relating to HealthClaims is terminated; or
  - c) immediately on notice if You cease to carry on business, cease to use HealthClaims over a 3 month period, sell Your business or become insolvent, unless You have assigned Your right and obligations under the Agreement in accordance with clause 12.3 before the occurrence of any events referred to in this sub-clause; and
  - d) at any time on 30 days written notice to You.

## 10 CONFIDENTIAL INFORMATION

### 10.1 A party will not:

- a) use the other's Confidential Information except for the purposes contemplated by these Terms and Conditions;
- b) disclose the other's Confidential Information, except:
  - (i) to its employees or contractors who have a need to know the information to enable a product or service to be used in the manner contemplated by the Terms and Conditions and who have been informed of their obligations of confidentiality;
  - (ii) as otherwise permitted under clause 10.3 and clause 10.4 below; or
- c) copy or reproduce in any form whatsoever the other's Confidential Information.

### 10.2 A party will return (or destroy, as directed) another party's Confidential Information on request or on termination of the Agreement. This includes returning or destroying all the documents or other materials containing or referring to that Confidential Information which are in its possession, power or control or in the possession, power or control of any other person who has received that information from the party to whom the request is directed, except as provided in paragraph (a) below.

- a) Notwithstanding the foregoing, a party is not required to return or destroy Confidential Information if:
  - (i) The Confidential Information is required to be retained under any applicable law or to comply with any legitimate audit or document retention policies;
  - (ii) The Confidential Information is embedded in computer backup archives where it is impracticable to return delete or destroy; or
  - (iii) The party has rights to use the Confidential Information under this Agreement following termination or expiry, provided that such Confidential Information remains subject to the confidentiality obligations of this Agreement.

### 10.3 HPC may disclose Your Confidential Information:

- a) to the Health Funds:

- (i) that You use for HealthClaims; and
  - (ii) as necessary for the operation of HealthClaims (including, Your name, address, Provider Number and bank details); and
- b) to Your Merchant Service Provider and Bank, including information You disclose to HPC necessary for the operation of the Terminal and HealthClaims.

### 10.4 A Health Fund may disclose to Your Merchant Service Provider or Bank, details about Transactions that You have submitted to that Health Fund, if they require that information to accurately provide claim settlement services to You. :

### 10.5 You acknowledge that in providing HealthClaims, HPC may have access to, and use, certain Personal Information of Yours (including details of Your telephone numbers, address, Provider Number and bank details). You consent to such use in accordance with this Agreement or as reasonably necessary to enable HPC to fulfil its obligations under the Agreement, which may include disclosure to Health Funds or Your Merchant Service Provider and Bank. Unless you advise otherwise, you also agree that HPC and the Health Fund may, acting reasonably, publish your business contact details (such as business name, Registered Provider Location, phone, email, and website) to promote the HealthClaims, including displaying Providers who use HealthClaims in searches and maps. If you have entered into this Agreement on behalf of other Providers, you confirm and warrant that those Providers have authorised you to do so and have consented to HPC and the Health Fund, acting reasonably, publishing their contact details for promotional purposes. :

### 10.6 To the extent relevant to the Agreement each party will at all times comply with its obligations under the Privacy Law; and take reasonable steps to assist the other party to comply with its obligations under the Privacy Law. HPC respects your privacy and handles your information in accordance with our privacy policy. For more details, please refer to the Privacy Statement on the HPC website at <https://www.healthpointclaims.com.au/privacy-policy/>

### 10.7 You warrant that You have made all necessary disclosures and obtained all consents pursuant to the Privacy Law in respect of Personal Information (including Health Information' as defined under the Privacy Act) provided or made available to HPC under or in connection with the Agreement (including personal and/or business information as provided in the Application by the applicant's nominated authority or through ongoing use of HealthClaims, has been or will be disclosed to the relevant individuals.)

### 10.8 You will indemnify and hold harmless HPC and its related parties from and against any loss, damages, costs, expenses or injury arising from or relating to Your breach of the warranty except to the extent any such loss, damages, costs, expenses or injury are caused or contributed to by HPC or its related parties.

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10.9 Each party shall promptly notify the other party if it becomes aware of any breach of its obligations in respect of Confidential Information or Privacy Laws.

10.10 Each party agrees to take all reasonable measures to ensure:

- a) Confidential Information is protected against loss, and against unauthorised access, use, modification, disclosure; and
- b) that only authorised personnel have access to Confidential Information.

## 11 LIABILITY

11.1 The parties acknowledge that provision of HealthClaims may not be uninterrupted or error free, although HPC and the Health Funds will use all reasonable efforts to supply HealthClaims in accordance with the Agreement.

11.2 Neither HPC nor any Health Fund is liable to You or any person claiming by or through You or otherwise for any loss, damages, costs, expenses or injury arising from this Agreement, as a result of the following factors if they are outside of the reasonable control of HPC or any Health Fund:

- a) the operation or failure of the operation of HealthClaims;
- b) any operation, failure, replacement or upgrade of Your supplied Terminal;
- c) the content of any Traffic or any failure, error or omission in the entry of information for transmission or the transmission, conversion, reception or storage of Traffic;
- d) access You give to any third party (including Your Merchant Service Provider or Bank), to any information including Provider claiming or claims settlement data, whether Personal Information, Confidential Information or otherwise; and
- e) any error in the information or data submitted by You in Your Application, including but not limited to any error in Your bank account details.

11.3 You will indemnify and hold harmless HPC and its related parties and any Health Fund from and against any loss, damages, costs, expenses or injury it suffers arising from a third party claim resulting from access You provided pursuant to clause 11.2(d) except to the extent any such loss, damages, costs, expenses or injury are caused or contributed to by HPC or its related parties.

11.4 Neither HPC or the Health Fund is liable to You for special, incidental, indirect, or consequential damages, lost profits or anticipated profits, or lost revenues or anticipated revenues, however caused (including by negligence), in connection with the Agreement except if HPC or the Health Fund engages in fraud, breach of confidence, breach of third party intellectual property rights, or causes damage to intangible property.

11.5 To the extent that any consumer guarantee applies under the Australian Consumer Law in relation to the supply of goods or services; and the goods or services are not of a kind ordinarily acquired for personal, domestic or household use, the liability of HPC is limited (where it considers it fair and reasonable to do so), to:

- a) in the case of the supply of goods:
  - (i) the replacement of the goods or the supply of equivalent goods; or
  - (ii) the repair of the goods; or
  - (iii) the payment of the cost of replacing the goods or of acquiring equivalent goods; or
  - (iv) the payment of the cost of having the goods repaired; or
- b) in the case of the supply of services:
  - (i) the supply of the services again; or
  - (ii) the payment of the cost of having the services supplied again.

## 12 GENERAL

12.1 Neither party shall be liable for any delay in performance if such delay is caused by circumstances beyond its reasonable control (including, without limitation, any delay caused by any act or omission of the other party).

12.2 HPC may perform any of its obligations under the Agreement by arranging for them to be performed by a Related Body Corporate of HPC or a third party.

12.3 You will not assign or attempt to assign any right or obligation under the Agreement without HPC's written consent (not to be unreasonably withheld).

12.4 Part or all of any clause of the Agreement that is illegal or unenforceable will be severed and will not affect the continued operation of the remaining provisions of the Agreement.

12.5 HPC may vary the Agreement at any time by giving You 30 days prior notice in writing. Upon receipt of this notice, You may terminate the Agreement by notifying us in writing. If You do not terminate the Agreement, the varied terms and conditions will apply from the date the notice period expires.

12.6 HPC may give notice to You under this Agreement in writing, electronically (for example by email to the address provided by the Provider) or by sending a message through Your Terminal.

12.7 This Agreement is governed by the laws of New South Wales and the parties agree to submit to the non-exclusive jurisdiction of the courts of that State and courts hearing appeals therefrom.



# HEALTHCLAIMS PROVIDER TERMS & CONDITIONS

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### 13 DEFINITIONS

- 13.1 In these Terms and Conditions unless the context otherwise requires:

**Adjusted Gap** means when You have entered into agreements with Health Funds relating to maximum charges for particular Health Services, and amounts charged need to correspond with those relevant agreements.

**Agreement** means the agreement formed between You, HPC and the Health Funds once you sign the Application and when HPC and the Health Funds accept Your Application.

**Application** means the application that You submit to HPC to use HealthClaims, including an application collected on behalf of HPC, whether in electronic or physical format and governed by these Terms and Conditions.

**Approved Modality** means a modality, which may change from time to time, that a Health Fund has agreed to accept Claims in relation to.

**Bank** means the financial institution with whom you hold the bank account nominated to HPC for the settlement of Transactions.

**Business Day** means a day that is not a Saturday, Sunday, or public holiday or bank holiday in New South Wales.

**Cancellation** means a cancellation of a Claim submitted on the same day.

**Card** means a card issued by the Health Fund to Members for use in making Claims via the Health Claims Service and conforming to Australian Standards AS3524-1998 and AS3525-1998, or which complies with such other specifications as agreed, such as a digital version or a digital card or any other authorised media.

**Cardholder** means a member of a Health Fund or a person designated by a Health Fund as a patient who holds a Card and may be entitled to benefits from the Health Fund in respect of goods or a Health Service.

**Claim** means a claim by You for payment of benefits in respect of Health Services provided to a Member by You, for which the Member has assigned his or her right to benefits to You, and which is submitted in electronic form using HealthClaims.

**Claiming Application** means an application or service authorised by HPC that is installed on a Terminal or any other Electronic Device and used in the electronic submission and processing of Transactions.

**Claims Service** means the capture and transmission of the data between You and third parties using the electronic communications service provided by HPC.

**Communication Channels** means Health Fund approved method of communicating Transactions, such as Mobile technology (3G or superseding cellular technology), cabled communications technologies or other approved communications technologies.

**Confidential Information** means all information concerning the Agreement, HealthClaims, Your practice, the business of HPC or Health Funds and all patient and Health Services information (including Health Fund Transaction Data, Location Data disclosed by one party to another prior to, or in connection with the Agreement, excluding information in the public domain, information which is lawfully disclosed to HPC or the Health Fund by a third party without restriction on disclosure; and information a party is required by law to disclose (but only for the purpose of that disclosure).

**Declaration** means a document generated at the conclusion of the Claim process which requires a Member to physically, or digitally sign an acknowledgement that Health Services and/or associated goods have been received and are accurately represented on the claim receipt.

**EFTPOS** means electronic funds transfer at point of sale for debit and credit card operations processed through a terminal.

**Electronic Device** means any device (such as a Terminal, tablet, mobile phone, personal computer or server) authorised by HPC on which a Claiming Application has been installed and which is used in the electronic submission and processing of Transactions.

**Fund Rules** means the body of rules established by the Health Fund that relate to the day-to-day operation of the Health Fund's health insurance business and (if any) health-related business.

**Guide** means the guide for HealthClaims provided to You by Your Merchant Service Provider or Bank, and approved by HPC from time to time, which will set out amongst other things instructions for use of the Claims Service.

**GPS** means global positioning system

**HPC or HealthPoint Claims** means HealthPoint Claims Pty Limited (ACN 093 721 423).

**HealthClaims** means the Claims Service and the Processing Service.

**Health Fund** means the private health insurance companies with whom HPC has entered into an agreement for HealthClaims as advised to You from time to time by HPC.

**Health Fund Transaction Data** means, in relation to a Transaction:

- a) any identification of a Member for whom a health insurance claim is or has been made in the Transaction or for whom a health insurance quotation is sought or provided;
- b) information about the nature of the treatment, services or goods provided (or to be provided) and amount charged by a Provider to a Member for whom a health insurance claim is, has been or may be made on the Health Fund in the Transaction other than any such information which is owned by a Provider; and
- c) information about the nature and amount of benefits that is or may be payable by the Health Fund in respect of the treatment, services or goods that is,

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has been or may be provided by a Provider to a Member,

and any other information relating to a Transaction.

**Health Information** has the meaning given to that term in the Privacy Act 1988 (Cth).

**Health Services** means services provided by You to a Member for which a Member may be entitled to benefits from a Health Fund.

**Location Data** means your location or activity including IP address and geolocation data using the GPS of your mobile device (when accessing our services)

**Member** means a member of a Health Fund who may be entitled to benefits from a Health Fund and who is listed on a Card.

**Merchant** means a business that accepts payment for goods and services through electronic banking.

**Merchant Service Provider** means the financial institution You have an agreement with for the supply of an Electronic Device and Claiming Application, and/or associated Merchant facility services.

**Modern Slavery Laws** means any law which prohibits exploitation of a worker, human trafficking, slavery, servitude, forced labour, debt bondage or deceptive recruiting for labour or services, or similar types of conduct, and applicable or otherwise in force in the jurisdiction in which the Provider or HPC are registered or conduct business or in which activities relevant to the Agreement are to be performed.

**Patient** means the person receiving the Health Services provided by You that may be a member of a Health Fund

**Personal Information** has the meaning given to that term in the Privacy Act 1988 (Cth).

**Premises** means Your premises at which HealthClaims has been installed and is the Registered Provider Location contained in Your Provider Number letter issued by Medicare Australia or Medibank Private.

**Privacy Law** means, to the extent applicable the Privacy Act 1988 (Cth); the Australian Privacy Principles contained in the Privacy Act 1988 (Cth); and any other statute, regulation or law in Australia which relates to the protection of Personal Information or Health Information and which the parties must observe.

**Processing Services** means the receipt and processing by the Health Funds of Transactions delivered by the Claims Service, including verification of Claims and notification of acceptance or rejection.

**Provider** means a provider of Health Services who is listed on the Application submitted by You (as updated by You from time to time by notice to HPC) and who is therefore bound by this Agreement.

**Provider Terms** means the terms or the rules which govern Your recognition as a health services provider for a Health Fund. Provider Terms are available from each Health Fund, and can be accessed directly through the

Health Fund, or by contacting the relevant industry association that You are regulated under.

**Rebate Estimate** means a Transaction request by You for the purpose of estimating the benefits in respect of Health Services not yet provided, but intended to be provided by You to a Member, for which the Member has agreed to the list of services, and which is submitted in electronic form using HealthClaims.

**Receipt** means the receipt generated by HealthClaims when a Transaction is processed.

**Related Body Corporate** has the meaning given to that term in the Corporations Act 2001 (Cth).

**Support Services** means the services described in clause 5.1.

**Terminal** means Your supplied terminal equipment that, together with the Claiming Application installed on the terminal equipment, enables You to use EFTPOS and Claims Services.

**Traffic** means any communication to or from the Health Funds using HealthClaims.

**Transaction** means the transmission of any of the following transaction types:

- a) a claim by one Provider for one or more Members of the same family and including up to a maximum 16 items,
- b) a void of the last Claim submitted on the same day; and,
- c) a Rebate Estimate.

**You and Your means:**

- a) the person identified in the Application as the customer for HealthClaims and/or
- b) the Provider, as the context requires.