Garrison Health Services
Provider Agreement
Agreement of provision of services for Australian Defence Force Entitled Personnel

Medibank Health Solutions (MHS) has been appointed by the Commonwealth Government (as represented by the Department of Defence) to coordinate the provision of health services to Australian Defence Force permanent and reservist uniformed personnel (Entitled Personnel).

If you would like to contract to provide services to ADF Entitled Personnel please sign and return this Agreement to **Garrison Health Services, C/- Medibank Health Solutions, PO Box 9999, Melbourne VIC 3001**. Please retain one copy for your reference.

If you have any queries please go to www.medibankhealth.com.au/garrisonhealthsolutions, contact adfenquiries@medibank.com.au or call 1300 126 420.

Yours sincerely

Andrew Wilson

For and on behalf of Medibank Health Solutions (ABN 99 078 934 791)

Compete this form using capital letters and black pen only. The Personal Information collected on this form will be used in connection with the provision of medical treatment to Entitled Personnel (EP) and will otherwise be handled in accordance with the Medibank Health Solutions Privacy Policy which is available at medibankhealth.com.au

Provider no:

Specialty:

Sub-specialty: (if relevant)

I/we acknowledge that I/we have read and agree to abide by the Terms and Conditions, Operational Procedures and Schedule of Fees contained herein.

To execute this Agreement as an individual please mark with a cross here: ☐ Signature Date (DD/MM/YY)

To execute this Agreement as a duly authorised signatory of a company, partnership or other legal entity, please mark with a cross here: ☐

Practice name (if relevant):

Title:

First name:

Surname:

AHPRA no: (if known)

Practice address: (No PO boxes)

Suburb:

State: Post code:

Phone: Fax:

Email:

Company or entity name

ABN/ACN: GST registered? (mark with X) Yes ☐ No ☐

Bank name:

Account name:

BSB: Account no:

PTO

Practice opening time (Please use 24 hour clock, i.e. 0900 for 9am, leave blank if closed on the day)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Practice closing time (Please use 24 hour clock, i.e. 1600 for 4pm, leave blank if closed on the day)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Private hospitals, including day hospitals, at which you have admitting rights (in order of preference):

Medical Specialist only

Hospital name:

Hospital name:

Hospital name:

Hospital name:

Public hospitals at which you work:

Medical Specialist only

Hospital name:

Hospital name:

If you are an individual detail other locations at which you provide services (if any):

Address:

Address:

Address:

Address:

If you are a company, partnership or other legal entity please detail the providers working at your clinic that are a Party to this Agreement

Full name:

Provider no: AHPRA registration no:

Speciality:

Full name:

Provider no: AHPRA registration no:

Speciality:

Full name:

Provider no: AHPRA registration no:

Speciality:

Full name:

Provider no: AHPRA registration no:

Speciality: