

Please complete and return via:

Email choicenetwork@cbhscorp.com.au

Or post **CBHS International Choice Network**
Locked Bag 5014, Parramatta NSW 2124

Call **1300 174 539** for any enquiries

CBHS International Choice Network Practice application

CBHS International Health has developed the Eligibility Tool to provide recognised practices with a web-based system to instantly access patient eligibility information for outpatient services.

Due to the nature of information contained in the Eligibility Tool, recognised practices must nominate a primary contact who is authorised to access the tool. Your nominated password can then be used by all authorised users. If approved, a letter confirming participation and date of effect will be sent to the practice.

Trading name information

1. Trading name

2. Preferred access password for Eligibility Tool

Your Eligibility Tool password may be changed at any time by emailing choicenetwork@cbhscorp.com.au.

3. Address

4. Practice primary contact

Dr Mr Mrs

Ms Miss Other

Surname

Given name(s)

Phone ()

Direct
email

Website

5. Bank account details for payment of claims

Bank account
name

BSB

Account
number

Declaration

I acknowledge that:

- a. I have received and read the Terms and Conditions governing the CBHS International Choice Network (the Network) and agree to be bound by the Terms and Conditions.
- b. I have the appropriate authority and delegation to accept the Terms and Conditions on behalf of the practice..
- c. I have verified that all providers at the practice are suitably qualified and registered as a General Practitioner as required by the Medical Board of Australia.
- d. I have verified that each individual provider's registration or license is not currently suspended (or otherwise subject to conditions which affect their ability to meet the Terms and Conditions for the Network) as a result of disciplinary action by a State or Territory authority responsible for monitoring the conduct of the provider.
- e. I have confirmed that all providers currently hold professional indemnity insurance which covers the provision of services by the provider or staff at the practice.
- f. I understand that the CBHS Group may accept or reject this application at its sole and absolute discretion.
- g. I understand that I may withdraw this application at any time before the CBHS Group notifies the practice that it has decided to accept or reject this application.
- h. All information provided to the CBHS Group with or in connection with this application form is true and correct.
- i. I agree to be bound by the terms and conditions of the Eligibility Tool as detailed on the CBHS International Health website (cbhsinternationalhealth.com.au/policies/eligibilitytool) and will ensure that its authorised users comply with the terms and conditions.
- j. I understand that from time to time these terms and conditions may be updated and that CBHS Group may issue new passwords or suspend access to the Eligibility Tool at any time.
- k. I will promptly inform CBHS Group if I wish to change the nominated primary contact or if the nominated primary contact ceases to be employed by the practice.
- l. I understand that application replaces all previous applications and remains valid unless otherwise notified in writing.

Signature of
authorised
representative

Name of authorised
representative

Position of authorised
representative

Date

 / /

CBHS International Choice Network Terms and Conditions

Effective 1st April 2021

1. Conditions of application to join the Network

- 1.1 A provider (including a locum) may apply to enter the CBHS International Choice Network (the Network) if they:
- (a) are a qualified Medical Practitioner, recognised by Services Australia (formerly known as Medicare);
 - (b) are registered or licensed to practise in a State or Territory of Australia;
 - (c) have been allocated a provider number by Services Australia for the location at which they propose to participate in the Network; and
 - (d) are carrying on a private practice.
- 1.2 A practice may apply to participate in the Network by completing the application form and submitting it to the CBHS Group.
- 1.3 All providers engaged in the practice agree to participate in the Network on behalf of the principal, provider, practice manager or delegated authority. This means that all providers in the practice are obligated to participate in the Network.
- 1.4 A practice may apply individually for each private practice location or by applying for several locations using a Group Application Form advising CBHS Group of all relevant practice details on an accompanying spreadsheet.

2. Assessment of applications to join the Network

- 2.1 CBHS Group may accept or refuse an application to join the Network at its absolute discretion.
- 2.2 In deciding whether to accept or refuse an application, the CBHS Group will take into account matters relevant to the viability and effectiveness of the Network, including:
- (a) any restriction on the size of the Network decided by the CBHS Group;
 - (b) the geographical distribution of CBHS International members;
 - (c) the number of providers of the same modality participating in the Network in the same geographical area as the applicant;
 - (d) the results of any relevant CBHS Group member satisfaction surveys; and
 - (e) any reasonable commercial, economic, or operational matters which may conflict with or adversely affect the interests of the CBHS Group.

3. Conditions of ongoing participation in the Network

- 3.1 As part of ongoing participation in the Network, a provider must:
- (a) continue to meet the conditions for entry into the Network;
 - (b) always maintain a proper level of professional indemnity insurance at all times;
 - (c) provide CBHS International members with quality services, including advice and information, and maintain standards of practice in accordance with relevant State and Territory legislation and any policies and guidelines issued by State and Territory regulatory bodies relating to their medical practice and health professionals generally;
 - (d) give the CBHS Group permission to publish:
 - (i) the fact that the provider is participating in the Network; and
 - (ii) the contact details for the practice,on our websites, Mobile Applications or in any other manner the CBHS Group decides;
 - (e) keep records necessary to show compliance with these terms and conditions. Without limiting this obligation, a provider must retain for 2 years from the date of a professional service the docket signed by the CBHS International member verifying that the service has been provided;
 - (f) provide the CBHS Group with any records or other information the CBHS Group may reasonably require verifying that a professional service has been rendered;
 - (g) provide the CBHS Group with any information they may reasonably require confirming that the provider is complying with these Terms and Conditions;
 - (h) notify the CBHS Group within 5 business days of any change to their address details as they appear in the application form;
 - (i) display of promotional materials about the Network supplied to the provider by the CBHS Group is optional, refrain from using any other promotional materials about the Network unless the provider has the written approval of the CBHS Group including the use of logos; and
 - (j) under no circumstances retain a member's card.

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4. Processing claims

4.1 The provider agrees to bill CBHS International members in accordance with the Australian Government Department of Health Medicare Benefit Schedule (MBS):

- (a) International Students at no gap; and

- (b) Overseas Visitors at a maximum agreed amount.

4.2 Tax Invoices (Receipts) from the provider must include:

- (a) the patient's name and address;

- (b) the date of service;

- (c) a description of each service rendered;

- (d) item numbers; and

- (e) the provider number, name and address of practice.

5. General Matters

5.1 Where a provider enters into an Agreement with the CBHS Group to join the Network, that contract consists solely of:

- (a) these Terms and Conditions (including any Schedule);

- (b) the application to join the Network submitted by the provider to the CBHS Group, in the form determined by the CBHS Group; and

- (c) the letter from the CBHS Group to the provider notifying them that the CBHS Group has accepted their application to join the Network.

5.2 Where there is any inconsistency between any of the documents listed at 5.1(a), (b) and (c), then these Terms and Conditions prevail.

5.3 An Agreement referred to in clause 5.1 is governed by the laws of the State of New South Wales.

5.4 The CBHS Group makes no guarantee, representation or warranty that by joining the Network a provider will receive increased business from CBHS International members.

5.5 The provider does not become an agent of CBHS International by joining the Network.

5.6 The CBHS Group is not liable to any person for any loss, damage or injury incurred as a result of a provider providing treatment to a CBHS International member.

5.7 By joining the Network the provider agrees to indemnify the CBHS Group against all expenses, losses, damages and costs that the CBHS Group may incur as a result of:

- (a) any breach of these Terms and Conditions by the provider; or

- (b) any loss or damage to any property or injury to or death of any person caused by any negligent act or omission or wilful misconduct of the provider or their partners, employees or contractors.

5.8 CBHS Group may not give directions to a provider or otherwise attempt to influence a provider's decision about the appropriate treatment for a CBHS International member, although it may require information about treatment given to the CBHS International member as described in clauses 3.1(g) and (h).

5.9 All practices should provide a welcoming environment that is hygienic, safe and tidy.

6.0 Ensure all customer facing staff are appropriately trained in front office operations and are familiar with the CBHS International Choice Network.

6.1 Maintain all equipment in accordance with government and industry regulatory requirements, including but not limited to the calibration of equipment, infection control and sterilisation records.

6.2 Explain all treatment options available and agree on clinical decisions with the patient, explaining the possible risks as well as short-term and long-term outcomes involved with each option.

6.3 Provide a written plan based on the agreed treatment with an estimate of the likely costs (Informed Financial Consent) and obtain written consent prior to commencement of treatment.

6.4 Maintain detailed clinical records for all CBHS International members.

6.5 Maintain confidentiality of all CBHS Group information not publicly available including any current or previous collateral.

6.6 Communicate any complaints by a CBHS International member to choicenetwork@cbhscorp.com.au or by calling 1300 586 462.

6.7 Notify CBHS Group of any warnings or infringements received from a regulatory or governing authority immediately by emailing choicenetwork@cbhscorp.com.au.

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Effective 1st April 2021

7. Changes to the Terms and Conditions

- (a) CBHS Group may amend these Terms and Conditions at any time by giving the provider notice in writing at least 4 weeks before the amendment is due to come into effect.
- (b) If a provider wishes to amend these Terms and Conditions, they must make a written proposal to the CBHS Group, which the CBHS Group may, acting reasonably, accept or refuse.
- (c) If the CBHS Group accepts an amendment proposal from a provider, then the amendment comes into effect from a date nominated by the CBHS Group.
- (d) CBHS will review the gap fees annually, having regard to matters including:
 - (i) industry trends;
 - (ii) data analysis; and
 - (iii) consultation with providers participating in the respective Network.

8. Leaving the Network

- 8.1 The participation of a provider in the Network may be terminated by the provider or the CBHS Group at any time by giving 4 weeks written notice to the other party.
- 8.2 CBHS Group is not required to give 4 weeks written notice if:
- (a) CBHS Group reasonably finds that the provider has failed to observe relevant Commonwealth, State and Territory legislation, policies or guidelines relating to the practice; or
 - (b) the provider no longer meets the conditions in clauses 1.1(a) and (b),
- and termination of the provider's participation takes effect from the day on which the CBHS Group gives written notice to the provider.
- 8.3 After termination has taken effect, the provider:
- (a) must remove any written or electronic promotional materials about the Network from display and return window decal or other hardcopy material to the CBHS Group within 5 business days of the termination date; and
 - (b) must take any other steps necessary to ensure that they do not represent to any person that they continue to participate in the Network.

9. Resolving disputes

- 9.1 If any dispute arises between the CBHS Group and a provider in relation to the Network, then both the CBHS Group and the provider must make genuine efforts to resolve the dispute without the involvement of a third party.
- 9.2 If any disputes arise between a CBHS International member and the provider both parties must make a genuine effort to resolve the dispute. If the dispute cannot be resolved call 1300 586 462 or email choicenetwork@cbhscorp.com.au for assistance.