GU Health

Medical Gap Network

BATCH HEADER OR ACCOUNT FORM

By completing this form the practitioner agrees to bill GU Health Medical Gap Network directly for the service on this account and accepts the terms and conditions of the Medical Gap Network as set out in the current Schedule of Benefits document. The patient has been advised of the payment arrangements for the services on this account.

Instructions

- Complete parts 1 and 4 if attaching your own accounts your (accounts must include all information in parts 2 and 3).
- Complete parts 1, 2, 3 and 4 if using this form as your account.

Please complete the information requested below and send your completed form by:

- Scan and email to corporate@guhealth.com.au; or
- FreePost to GU Health, Reply Paid 2988, Melbourne Vic 8060 (no stamp required).

Part 1. Batch details

Provider name

Provider number

Date lodged (DD/MM/YYYY)

Number of claims in batch

Total value of claims in batch $

Part 2. Account details

Patient's name

GU Health member number

*Medicare number

*Patient reference number

*Please ensure correct Medicare and reference numbers are stated

Patient's date of birth (DD/MM/YYYY)

Member's name (if not the same as the Patient)

Hospital name

Your reference number

GU Health Medical Gap Network

☐ NO GAP ☐ KNOWN GAP (Fee cannot exceed $400)

Part 3. Service details

					Service conditions - tick(✓) below if applies to each service					
MBS item no.	Description of service	No. of patients	Date of service	Full cost of service $	Part of a multiple procedure	Referred within a hospital	Designated 'not normal' after care	Considered 'not for comparison'	Performed on separate sites	Self determined
1.					☐	☐	☐	☐	☐	☐
2.					☐	☐	☐	☐	☐	☐
3.					☐	☐	☐	☐	☐	☐
4.					☐	☐	☐	☐	☐	☐

Part 4. Authorisation and declaration

Are the services on this claim related to compensation? ☐ Yes ☐ No

I declare that:

The professional services on the attached account were provided by or on behalf of a doctor in this practice and were rendered to a private in-patient of a hospital or registered day hospital facility. I understand that GU Health Medical Gap Network is both a No and Known Gap scheme. If I have selected No Gap the patient is not to be charged any out-of-pocket expenses and I accept the Medical Gap Network benefit as full payment for service and cannot charge any other fee in respect of that service. If I have used Known Gap, I accept that the fee cannot exceed $400. The GU Health Patient has provided their informed financial consent for the procedure. The charges above are the full cost for the services provided and no additional charges will or have been charged to the patient for those services.

Signature of authorised person

Date (DD/MM/YYYY)