

NIB Provider Requirements, Terms and Conditions

If I am accepted as an NIB recognised provider, either through submission of an individual application, or through a recognised board or association, I agree to and understand the following Requirements, Terms and Conditions of NIB:

1. I will advise NIB in writing of any changes to my practice within 7 days.
2. I understand that NIB may immediately suspend or withdraw my provider recognition at any time without question or prior notice, for breach of professional conduct, and/or breach of NIB Provider Requirements, Terms and Conditions, and/or fraud, either convicted or reasonably suspected.
3. I understand that NIB may suspend or withdraw my provider recognition at any time for reasons other than practice abuse or fraud by giving me 28 days notice in writing.
4. I understand that NIB may inform its members of my details as a recognised provider. This includes notification to members should my recognition with NIB be suspended for any reason. The method may include, but is not limited to, telephone, print and/or electronic mediums.
5. I will give NIB 28 days notice in writing should I wish to cease recognition as an NIB provider.
6. I will notify NIB within 7 days in the event that my membership or registration status with a professional organisation or association or registration board is altered or withdrawn for any reason.
7. I agree to notify my patients that my recognition with NIB is no longer current as soon as practicable in the event that my recognition is withdrawn.
8. I understand that NIB has no liability whatsoever including without limitation in negligence for any acts or omissions by any recognised provider.
9. I consent to any professional organisation or association of which I am a member to inform NIB as necessary of any matter affecting my membership of that organisation or association. This includes my financial membership status with the organisation or association.
10. I agree to provide, as requested by NIB, annual certification of continuing professional education. I understand that a commitment to ongoing professional education relevant to the recognised modality is a component of NIB Provider Recognition.
11. I agree to hold current first aid certification and will provide NIB with details of certification upon initial application, and also upon expiry of current certificate. I understand this is a necessary component of recognition and that the submission of new certification must continue for the entire duration of my recognition with NIB.
12. I agree to hold current professional indemnity insurance with a value of \$1,000,000 or more, specifically covering the services for which I have applied for to be recognised. I agree to provide NIB with proof of this insurance at the time of application and to submit proof of certification upon the expiry of my policy. I understand this is a necessary component of recognition and that submission of new certification must continue for the entire duration of my recognition with NIB.
13. I agree that I will provide any relevant information requested by NIB relating to services performed by me, in such circumstance as NIB has received the member's authority for this information to be released – by virtue of claim forms completed or benefit notification sighted by that member.
14. I will not display or otherwise use the NIB name or trademark, or represent that I have any endorsement of approval of NIB, without NIB's express prior written consent.
15. I understand that providers who are recognised by NIB for benefit purposes may be requested, at NIB's discretion, to complete and submit to NIB an annual statement to continue to retain the NIB recognition.
16. I understand that failure to meet or maintain the terms of these provider guidelines may result in de-recognition for benefit purposes by NIB.

17. I will ensure that my Medicare Australia provider number (if applicable) will not under any circumstances be used by any other person for the purpose of claiming NIB benefits.
18. I will ensure that I provide samples of my official invoice stationery at application for each practice location.
19. I understand that NIB may change the NIB Provider Requirements, Terms and Conditions without notice.

NIB Recognised Providers

In order to receive NIB benefits on behalf of NIB members, service providers must be granted recognition status.

Providers of a modality that is recognised by NIB via a representative organisation, registration board or association must contact that body in order to be recognised.

Providers of natural therapies may apply through a representative organisation or association, OR, may apply on an individual basis using the Application for Individual Provider Recognition form. **Fees may apply for this method of recognition.** This form is available from NIB Provider Relations (refer to the Contact Us section at the end of this document for contact details).

Individual applicants will be required to provide information such as their practice details, educational qualifications, first aid certification and professional indemnity insurance. NIB will assess each application on its merits against a set of recognition criteria, and will inform the applicant of the result of this assessment.

Benefits

Where services are performed by an NIB recognised provider, NIB will only pay benefits in respect of that service in accordance with NIB's fund rules. In general:

Benefits are payable for:

- services covered in accordance with the member's level of cover
- services provided to NIB members by NIB recognised providers
- services provided to NIB members in a private practice

Benefits are **NOT** payable for services performed by a provider where those services are:

- **not** performed in a private practice setting, for example, community health clinics
- **not** recognised for benefits by NIB
- performed by practitioners who are **not** recognised by NIB
- for medications or herbal tonics or similar
- performed for provider's family members or to a provider's business partner or to other people who are not independent of the practice
- performed fraudulently
- described inaccurately or where incorrect information about the service is supplied to NIB
- for which the NIB member does not have cover
- illegal services, including imported medications
- where the patient has, or may have, an entitlement to damages (for example, Worker's Compensation, Third Party Insurance, criminal compensation, Public Liability etc) – unless prior approval in writing is obtained from NIB
- provided where the cost of treatment/services provided is subsidised by any other business or authority
- telephone consultations
- written reports

- items provided during, or associated with, the service attendance
- more than one initial consultation per course of treatment
- more than one consultation or attendance on any single day. Multiple services on the same day attract one visit benefit only

Accounts and Receipts

Where services are provided to NIB members for which a benefit for that service is payable, accounts and receipts provided to NIB members who are patients must clearly show the following:

- the name of the service provider. Where the provider is part of a group of providers, the account/receipt must clearly show the name of the provider who provided the service
- company and trading names as applicable
- the address of the service provider/practice, including telephone number
- the date on which the account/receipt was issued
- the full name of the patient to whom the service was provided
- the date on which each service was provided to the patient
- a clear, **itemised** description of the service/s provided, and service type
- the fee charged for **each service provided**. Where herbs or other medications are provided at the attendance, a separate charge must be shown for these items
- details of any payment made, and any outstanding balance

In addition, the following accounting and receipting guidelines exist:

- NIB recognised providers must not allow any locum, colleague, employee or any other person to issue receipts for treatment in the name of the recognised provider other than for treatment or services actually performed by that recognised provider
- benefits are not payable for therapy provided by therapy/clinic assistants or students of the profession. Where a therapy assistant or student administers treatment, the account/receipt must clearly itemise such treatment separately
- there must only be one fully itemised original account/receipt. All duplicated accounts/receipts must be marked 'duplicate'
- all accounts and receipts must be on printed stationery. If they are produced electronically, they must be signed at the time of issue by the provider of that service, or their representative
- where a quote is provided, the account or receipt must be clearly marked 'quote' or 'estimate'
- please note: a provider or their employee must not act as an agent and submit claims on behalf of a fund member

Patient Records

It is a condition of recognition that providers maintain full patient records for each patient treated.

Records must be accurate and current, and must include the following information:

- patient name, address, sex, date of birth and patient contact number
- date service provided, detail of each treatment or service provided and the charge for that treatment or service
- the nature of the illness or condition
- any herbs, medications and treatment programmes to be performed by the patient at home, issued or prescribed at the attendance. (NB: Benefits not payable for medications or herbal preparations)

Providers should note that the Member's Declaration authorises the release to NIB of all information required to confirm benefit entitlements from other health funds, hospital, medical and other authorities.

Skin Penetration Guidelines – for Acupuncturists

NIB requires that all providers:

- comply with the requirements of the applicable Skin Penetration regulations in their state
- register their business address with the local council as per the regulations in their state
- carry out all actions at the provider's expense in order to comply with the skin penetration requirements of their state
- provide a licence and/or inspection records regarding skin penetration as requested by NIB

Suspension of Recognition

NIB may suspend a provider's recognition at any time, should the provider be suspected or convicted of a breach of professional conduct, breach of the NIB Provider Requirements, Terms and Conditions in this document, and/or fraudulent practices.

How to report fraud

Health insurance fraud raises contributions and keeps rebates low. If you suspect fraud has been committed either by a member or a provider, please notify NIB. You may choose to identify yourself or remain anonymous. Call the toll free fraud hotline 1800 633 223.

Contact us

For further information, please contact NIB Provider Relations:

Email: providers@nib.com.au

Phone: 1800 175 377

Mail: Provider Relations
NIB Health Funds Limited
384 Hunter Street
Newcastle NSW 2300