Antenatal and Online Classes Provider Registration

| Business name | | | |
|----------------------------|---------------------------|--|----------|
| ABN | Contact person | | |
| Business address | | | |
| Suburb | | State | Postcode |
| Postal address (if differe | nt from business address) | | |
| Suburb | | State | Postcode |
| Phone number | | AHPRA or Association Membership Number | |
| | | | |

Public Liability or Professional Indemnity Insurance is a requirement of provider registration – please attach a copy of your current insurance.

Senior First Aid Certification is not required for Registered Nurses and Midwives.

Private Practice – nib will only pay a benefit toward services provided in private practice.

Please tick to confirm that the business:

Does not receive income or subsidies from any publicly funded body.

Derives it's income solely from fees charged to patients.

nib will only pay a benefit towards Antenatal Classes where conducted by a Registered Nurse or Midwife with a current AHPRA registration or Association Membership. If you employ other providers (eg. ENs, AINs, Childbirth Educators), nib will need to call you when a claim is received to verify the name and qualifications of the person providing the service in question. Antenatal courses delivered through online subscription services may also be recognised by nib where the content has been developed by a Registered Nurse or Midwife with a current AHPRA registration or Association Membership.

Please tick one of the following options:

Only Registered Nurses or Midwives will conduct Antenatal Classes.

Antenatal classes are also conducted by other providers. We are able to verify the provider if given the date of service and patient details.

Online Antenatal Course Subscription.



Antenatal and Online Classes **Provider Registration**

By signing this form you are agreeing to abide by Recognised provider terms and Conditions and nib's recognition criteria for Antenatal Classes and Online Courses.

I consent to nib collecting, using or disclosing my personal information for the purposes set out in the nib Privacy Policy (which can be found at nib.com.au).

Position Name (please print) Date

Signature



Need help?

Please return your completed form via

Call: **1300 853 530**

Mon to Fri: 9am - 5pm (EST)

Provider Relations, Locked Bag 2010 **Newcastle NSW 2300**

providers@nib.com.au

