nib MediGap Department
Reply Paid 62208 NEWCASTLE NSW 2300
p 1300 853 530 (option 1) **f** 02 4925 1906 **e** medigap@nib.com.au **w** providers.nib.com.au
abn 83 000 124 381

By completing their form the practitioner agrees to bill nib MediGap directly for the services on this account and accepts the terms of MediGap as set out in the current Schedule of Benefits document. The patient/nib customer has been advised of the payment arrangements for the services on this account and no further payment is required.

BATCH HEADER OR ACCOUNT FORM

IMPORTANT INFORMATION nib MediGap is a NO GAP scheme.

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.

PART 1 BATCH DETAILS

Provider name

Provider number

Date lodged

Number of claims in batch

Total value of claims in batch $

PART 2 ACCOUNT DETAILS

Patient's name

nib customer number

*Medicare no.

*Patient reference no.

*Please ensure correct Medicare and Reference No's are stated

Patient's date of birth

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

Hospital name

Your reference number

Referral details

Referral date

Referral period: 3 months ☐ 6 months ☐ 12 months ☐ 18 months ☐ Indefinite ☐

Referring doctor's name

Referring doctor's provider number

PART 3 SERVICE DETAILS

Service conditions - tick (✓) below if applies to each service

MBS Item no.	Description of service	Number 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					☐	☐	☐	☐	☐	☐

Assisting doctor's name

Assisting doctor's provider number

Surgeon's name

Surgeon's provider number

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 MediGap is a No Gap scheme and the practitioner must accept the MediGap benefit as full payment for the service. I must not charge any other fee in respect of that service. The patient/nib customer 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 customer for those services.

Signature of authorised person

Date

For assistance or more information, please call the MEDIGAP HOTLINE 1300 853 530 (option 1)