



Massage Association of Australia Ltd

ACN 131 861 115

ABN 63 131 861 115

PO Box 2019 | Moorabbin VIC 3189

+613 9555 9900 office | +613 9555 9904 fax

office@maa.org.au email | www.maa.org.au web

MAA QUALIFYING MEMBER AGREEMENT SUPPLY OF SERVICES MEDIBANK PRIVATE QUALIFYING MEMBERS

SAFE USE OF MEDIBANK PRIVATE PROVIDER NUMBER/S

Health Fund Provider numbers are issued to qualifying MAA Remedial Massage Therapists/Myotherapists on the basis of their training and MAA Association membership status.

To maintain provider status with the Medibank Private Health Fund, Remedial Massage Therapists and Myotherapists must be current MAA Members, holding a current Senior First Aid Certificate, Professional Indemnity (Malpractice) Insurance, Public Liability Insurance, and holding evidence of undertaking continued professional development on an ongoing annual basis, as agreed to within the MAA Members Membership agreement.

The following are the conditions of use of your Medibank Private Provider Number/s. Any use of the Provider Number/s issued to you by Medibank Private constitutes an acceptance of these conditions.

1. I may use the issued Provider Number/s only while I remain a fully complying member of MAA and only while my MAA Membership is not suspended.
2. I may use the issued Provider Number/s only in relation to the provision of Remedial Massage / Myotherapy Services.
3. I acknowledge that Medibank Private at all times retains discretion under its Fund Rules to withdraw recognition of my health service provider status and that if Medibank Private determines to withdraw such recognition I may no longer use my Provider Number/s.
4. I acknowledge that payment by Medibank Private of benefits for treatment provided by me to a Medibank Private qualifying client is at all times subject to requirements of the Private Health Insurance Act 2007, the Private Health Insurance Rules and Medibank Private's Fund Rules. I acknowledge that the use of my Provider Number/s does not guarantee the payment of a benefit in relation to such treatments if any such

requirements are not met – including, but not limited to, any period during which MAA does not satisfy the requirements of the Private Health Insurance (Accreditation) Rules.

5. I authorise MAA to share my information with Medibank Private, being any information that is necessary in order for Medibank Private to identify me, to identify and verify that my membership with MAA is not suspended, (is current) and at a status of Remedial Massage Therapist / Myotherapist recognised by Medibank Private.
6. I acknowledge that in order for any bill, invoice or other documentation relating to any treatment provided by me for a Medibank Private qualifying client to be recognised by Medibank Private for benefit payment purposes, all such documents need to:
 - Quote my Provider Number
 - Be written in English
 - Specify the date of treatment
 - Specify my Medibank Private client's name
 - Specify my name
 - Specify my clinic address
 - Specify the treatment - Remedial Massage / Myotherapy
 - Specify my professional fee for treatment
 - Specify whether it has been paid or if it remains to be paid at a later date
7. I acknowledge my entitlement to use my Medibank Private Provider Number/s ceases when my MAA Membership ceases or is suspended for any reason, if the agreement between Medibank Private and MAA is terminated or otherwise ceases to be effective, or if Medibank Private notifies either myself or MAA that my recognition by Medibank Private has ceased.
8. I acknowledge that while my entitlement to use my Medibank Private Provider Number continues I may advise my clients that I am a member of MAA, an Association that is recognised by Medibank Private as satisfying accreditation requirements under the Private Health Insurance Act 2007, but may not, without written authority from Medibank Private, use any logo or trademark of Medibank Private.

9. I authorise Medibank Private to publish details of my practice as a health care provider to its policy holders (including via publicly-accessible WebPages) unless and until I notify MAA that I choose not to have my information published and that I authorise MAA to communicate this choice to Medibank Private.
10. I agree to keep MAA informed and updated in a timely manner on any changes to my clinic location/s, phone numbers, email address, home address, my First Aid continuing currency, my Insurance continuing currency and my currency of continuing professional development.
11. I acknowledge that my Medibank Private Provider Number/s are issued to me and may not be used by any other therapist and agree to keep my Provider Number/s safe from misuse.
12. I acknowledge that misuse of my Medibank Provider number is misleading and deceptive conduct and is punishable by law.
13. I agree, that in the event that I discover or suspect that my Medibank Private Number/s have been compromised, I will report the incident, including related circumstances, not limited to but including: the date; the location; other persons involved; the Medibank Private clients name and the treatment purported to have been delivered by me, to both the MAA Office and to Medibank Private.
14. I acknowledge that Medibank Private has set 'Limitations' on granting the number of IPNs to Medibank Private Qualified Members and these 'Limitations' have been set at the granting of a maximum of not more than three (3) IPNs to any Qualified Member.
15. I acknowledge that I have the right to appeal to MAA to advocate on my behalf for the granting of an additional IPN under exceptional circumstances and agree to provide MAA with details and supporting evidence of my circumstances to assist my case.
16. I acknowledge that Medibank Private may, in its sole discretion, elect to grant or not grant a Qualifying Member an additional IPN upon receipt of such a request from MAA.

I have read and understood the conditions outlined for the safe use of my Medibank Private Provider Number and agree to abide by this agreement. In the capacity of Remedial Massage Therapist / Myotherapist I will use the provider number/s issued to me ethically and lawfully.

Please complete, sign and date the attached agreement forms and return them to the MAA Office for recording in your Member file.

Modes of Return:

Fax: 03 9555 9904 / Post: PO Box 2019 Moorabbin VIC 3189 / Scan and email: office@maa.org.au

Reference:

MAA / Medibank Private Deed of Amendment – Provider Association (IPN) Accreditation Agreement 2013

MAA / Medibank Private Deed of Agreement – Provider Association Accreditation Agreement 2009

MAA Code of Conduct

MAA Member Agreement

MAA Constitution

Rule 10. Private Health Insurance (Accreditation) Rules 2011 (Made under item 5 of the table in section 333-20 of the *Private Health Insurance Act 2007*).

Medibank Private MPL_Fund_Rules latest Version 1st July 2013

Medibank Privates published 'Requirements for Recognised Providers' latest Version September 2013

Medibank Private Ltd Statement_of_Corporate_Intent 2013 2014

Medibank Private Ltd Privacy Policy 2011



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SAFE USE OF MEDIBANK PRIVATE PROVIDER NUMBER

I,

INSERT FULL NAME (please print clearly)

of

INSERT HOME ADDRESS (please print clearly)

PLEASE COMPLETE THE ATTACHED LIST OF PRACTICES YOU CURRENTLY WORK FROM
(MAXIMUM OF 3 CLINICS)

have read and understood the conditions outlined for the safe use of my
Medibank Private Provider Number and agree to abide by this agreement.
In the capacity of Remedial Massage Therapist / Myotherapist I will use the
provider number/s issued to me ethically and lawfully.

SIGNATURE

DATE

WITNESS NAME

SIGNATURE OF WITNESS

DATE

**The attached list of up to three (3) practice addresses I currently work from forms part of
this agreement.**

ORIGINAL to be retained by member for own business files
COPY to be filed by MAA Office in members file

Member Name:

INSERT FULL NAME (please print clearly)

Membership Number:

INSERT MAA MEMBER NUMBER (please print clearly)

Member Mobile number:

INSERT MOBILE NUMBER (please print clearly)

Member Email address:

INSERT CURRENT EMAIL ADDRESS (please print clearly)

Clinic 1

Clinic Business Name: _____ **ABN:** _____

Location Address: _____

(If Shopping Centre or Sporting Complex or Building Complex – Please nominate advertised location) _____

Street Number and Name: _____

Suburb _____ **State:** _____ **P/C** _____

Clinic Landline: _____ **Clinic Manager's Name:** _____

Clinic 2

Clinic Business Name: _____ **ABN:** _____

Location Address: _____

(If Shopping Centre or Sporting Complex or Building Complex – Please nominate advertised location) _____

Street Number and Name: _____

Suburb _____ **State:** _____ **P/C** _____

Clinic Landline: _____ **Clinic Manager's Name:** _____

Clinic 3

Clinic Business Name: _____ **ABN:** _____

Location Address: _____

(If Shopping Centre or Sporting Complex or Building Complex – Please nominate advertised location) _____

Street Number and Name: _____

Suburb _____ **State:** _____ **P/C** _____

Clinic Landline: _____ **Clinic Manager's Name:** _____

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