

Home Nursing Service Registration

Details

Business name

ABN

Contact person

Email

Contact phone

Website

Business address

Suburb

State

Postcode

Business postal address (if different from business address)

Suburb

State

Postcode

Public Liability or Professional Indemnity Insurance is a requirement of provider registration.

Please confirm a copy of your current insurance is attached.

Private Practice – we 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 its income solely from fees charged to patients.

We will only pay a benefit towards Home Nursing services provided by a Registered Nurse.

If you employ other providers (eg. ENs, AINs, Community Carers), we will need to call you when a claim is received to verify the qualifications of the person providing the Home Nursing service in question. Please tick one of the following options:

Only Registered Nurses will attend nib members requiring Home Nursing.

Home Nursing services are provided by RNs as well as other providers. We are able to verify the provider if given the date of service and patient details.



Home Nursing Service Registration

Declaration

By signing this form you are agreeing to abide by Recognised Ancillary Providers Terms and Conditions available at nib.com.au/providers

You also consent to nib collecting, using or disclosing your personal information for the purposes set out in the nib Privacy Policy and you agree to abide by the nib Privacy Policy available at nib.com.au/privacy

Print name	Position
Signature	Date

nib health funds limited abn 83 000 124 381. For information on how we manage your personal information, including how you can seek access to or correct your personal information, please refer to the nib privacy policy at nib.com.au/privacy



Need help?

Visit: nib.com.au/providers



Please return your completed form via

Email: providers@nib.com.au

