

ADDITIONAL PRACTICE LOCATION FORM ATTACHMENT 3A

If you are adding additional provider numbers to an existing registration, please indicate the provider number this should be linked to. This form is not used to update any current information. Please use the Provider Details & Direct Credit Authority form to update your information.

As a condition of my AGC registration, I agree that:

- The terms and conditions that apply to AGC are set out in the **Agreement**, consisting of the "Billing Guide", the "Terms and Conditions" and the "AGC Fee Schedules". I have read and understood the Agreement, and will comply with it and will direct my billing staff to comply with it.
- If I submit an AGC claim after AHSA has given notice of variation under the Agreement, this means that I have irrevocably consented to that variation. I further agree that AHSA and Funds may in their discretion:
- Collect information from this form and my other communications with AHSA and Funds (including forms and communications received before this condition came into effect and information from claims that I submit). This includes personal information (such as my name, practice address, and other contact details); my field of practice and additional qualifications or specialties, and information (including past claims data) relating to the charges I have rendered, the services that I provide (including where I operate and my surgical partners) and my participation in the AGC scheme (together, the Information).
- Disclose the Information and other information about me to the public, including Fund members and referring doctors, including for the purposes of identifying AGC providers, and setting out information relating to the charges rendered, quality of service and statistical information relating to my participation in the AGC scheme.
- Use the Information for internal statistical analysis.

Details to be the same as registered Provider Number:

Practitioner's Name (in full)

AHPRA number(s)

1st Additional Practice Location

Provider Number

Practice Address (Street Address)

*Please refer to info above regarding publication of your details.

Suburb

State

Postcode

Practice Telephone

Practice Fax

2nd Additional Practice Location

Provider Number

Practice Address (Street Address)

*Please refer to info above regarding publication of your details.

Suburb

State

Postcode

Practice Telephone

Practice Fax

3rd Additional Practice Location

Provider Number

Practice Address (Street Address)

*Please refer to info above regarding publication of your details.

Suburb

State

Postcode

Practice Telephone

Practice Fax

4th Additional Practice Location

Provider Number

Practice Address (Street Address)

*Please refer to info above regarding publication of your details.

Suburb

State

Postcode

Practice Telephone

Practice Fax

5th Additional Practice Location

Provider Number

Practice Address (Street Address)

*Please refer to info above regarding publication of your details.

Suburb

State

Postcode

Practice Telephone

Practice Fax

6th Additional Practice Location

Provider Number

Practice Address (Street Address)

*Please refer to info above regarding publication of your details.

Suburb

State

Postcode

Practice Telephone

Practice Fax