



Private health insurer registrations and updates for ECLIPSE (HW081)

When to use this form

Use this form if you are a private health insurer (PHI) or authorised officer of a PHI and want to:

- register for ECLIPSE
- add or remove ECLIPSE functionality
- update other PHI registration details.

For more information

Go to servicesaustralia.gov.au/healthprofessionals or email dcm.support@servicesaustralia.gov.au

There may be risks with sending personal information through unsecured networks or email channels.

For technical support

Call Online Technical Support (OTS) on **1300 550 115** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time or email eclipse.enq@servicesaustralia.gov.au

There may be risks with sending personal information through unsecured networks or email channels.

Call charges may apply.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Private health insurer details

1 Registered private health insurer number

2 Registered name of private health insurer

3 Trading as (trading name)

4 Parent organisation (if applicable)

5 Registered private health insurer location address

 Postcode

Business address (if different to above)

 Postcode

6 Business phone number (including area code)



MCA0HW081 2303

Location details

7 Location name

8 Do you have a location identification (Minor ID)?

No A Minor ID will be provided by Services Australia.

Yes Provide the Minor ID

9 Authorised officer's full name

Position held

10 Phone number (including area code)

Email (positional email preferred)

URL for transmissions

11 Anticipated live date (DD MM YYYY)

12 Provider Digital Access (PRODA) organisation Registration Authority (RA) number

If you do not have a PRODA organisation RA number, the authorised officer of the PHI organisation will need to:

- create a PRODA individual account
- register a PRODA organisation in the PRODA Production Environment, and
- provide the RA number above.

For instructions on how to register, go to servicesaustralia.gov.au/proda

Technical Support

Provide details of a person in your organisation who will be the main point of contact for Services Australia for the PHI.

13 Contact name

14 Position

15 Phone number (including area code)

Email

ECLIPSE functionality

16 Functionality required

	Add	Delete
OPVW		
OECW – OEC		
OECW – ECO		
OECW – ECF		
IMCW – AG		
IMCW – SC		
IMCW – PC		
IMCW – MB		
IMCW – TW		
IHCW		
OVSU – AG		
OVSU – SC		
OVSU – PC		
OVSU – MB		
ERAW		

Bank account details

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

17 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Fund brand information for private health insurers

- 18** If you are registering a registered private health insurer, at least 1 fund must be provided.

Where there is more than 1 trading name to be registered for the private health insurer, the trading name(s) must all use the same location information as recorded at question 8 and ECLIPSE functionality as recorded at question 16 of this form.

Fund 1

Fund trading name

Fund brand ID

Anticipated live date (DD MM YYYY)

Fund 2

Fund trading name

Fund brand ID

Anticipated live date (DD MM YYYY)

Fund 3

Fund trading name

Fund brand ID

Anticipated live date (DD MM YYYY)

Fund 4

Fund trading name

Fund brand ID

Anticipated live date (DD MM YYYY)

If you have more than 4 funds, provide a separate sheet with details.

Privacy notice

- 19** The privacy and security of your personal information is important to Services Australia, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

20 I declare that:

- I will inform Services Australia Online Technical Support helpdesk of changes to the private health insurer's Electronic Funds Transfer details or any other relevant information.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Private health insurer's/authorised officer's name

Private health insurer's/authorised officer's signature

Date (DD MM YYYY)

Returning this form

Scan and return the completed application by email to developerliaison@servicesaustralia.gov.au

There may be risks with sending personal information through unsecured networks or email channels.