

Honeysuckle Health Anaesthetics network

Terms and Conditions

Important information for practitioners about participation in Honeysuckle Health's (HH) Anaesthetics network.

September 2022

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Section 1: About the HH Anaesthetics network and the Schedule of Benefits

The HH Anaesthetics network (**Network**), through a higher schedule of fees than traditional schemes, is a No Gap and Known Gap scheme. The Network and the Network Schedule of Benefits are designed to remove or reduce the Gap for your patients.

Participating Funds

This Network is only open to **Participating Funds**. To view a list of Participating Funds, please visit the HH website or refer to the definition of the term “Participating Fund” in Section 14 of these Terms.

Registration for the Network

Once registered for the Network, for each Treatment you provide to a Member, it will be necessary to charge for your services through the Network, in line with the Network Schedule of Benefits. The Network is **not** discretionary and is applicable for every Member of the Participating Funds.

In registering to participate in the Network as a Practitioner, you acknowledge and agree that:

- Members will be charged the relevant Network Benefit for Treatment;
- Members will not be charged any additional booking, administration, technology or facility fees, or any other such fees related to any Treatment (except for a Known Gap where applicable); and
- you will comply with these Terms and Conditions, including any Special Conditions.

The Network Benefits are identified and described by the corresponding Commonwealth Medicare Benefits Schedule (MBS) item number in the Schedule of Benefits available at the [HH website](#) or by contacting HH’s Provider Support Team by phone 1800 411 633 (Mon - Fri: 9am – 5pm AEST/AEDT) or email providers@honeysucklehealth.com.au.

The Network Schedule of Benefits sets out the maximum amount the Participating Funds will pay you under the Network. The Benefit for a Treatment is the total amount payable to you for that Treatment (which includes 100% of the MBS payable for the Treatment) and the Network Benefit will be the full and final payment for your claim.

The Network can be used as a No Gap or Known Gap scheme.

No Gap

Under a No Gap scheme, the invoice for the Treatment will be paid in full by the Participating Fund and the Member will have No Gap.

Known Gap

Charging Members a Known Gap for Treatment is permissible only where the procedure MBS item number has a base unit value of 5 or greater. The Known Gap in these cases must not exceed \$500 per Admission. This amount is charged in addition to the Network Benefit. If you do decide to charge a Known Gap, you must inform the Member in writing of the estimated Known Gap they will incur prior to the Treatment being performed. Refer to Section 9: Informed Financial Consent for full details.

HH and the Participating Funds acknowledge the rights of medical practitioners to exercise clinical independence at all times in relation to the provision of medical services. HH and the Participating Funds will not interfere in the clinical relationship between medical practitioners and their patients.

Section 2: How these Terms and Conditions apply

These Terms and Conditions apply to the Network. By applying for registration and each time you submit a claim as part of the Network, you acknowledge that you have read and agree to comply with these Terms and Conditions. It may be necessary from time to time for HH to:

- change these Terms and Conditions; or
- change the Network Benefit or add or remove any MBS item in the Network Schedule of Benefits by providing notice to providers and Participating Funds on the [HH website](#).

Your use of the Network after any amendments to the Terms and Conditions constitutes your agreement to comply with the amended Terms and Conditions. Accordingly, you should regularly review the [HH website](#) to inform yourself of any changes to the Terms and Conditions. Further details of such changes will be made for available for Members at [HH website](#)

Any changes made to these Terms and Conditions or the Schedule of Benefits will not affect any Claims already submitted by you on, or prior to, the date of the change.

Exclusivity of this Network

Please note that, if you choose to register with this Network, you must not be registered with any other 'No Gap' or 'Known Gap' network of the Participating Funds. It is a condition of your participation in this Network that you will be deregister from any other 'No Gap' or 'Known Gap' network of the same Participating Funds, and HH will coordinate this on your behalf at time of registration. You may reregister with the Participating Funds' other 'No Gap' or 'Known Gap' schemes if you choose to resign from this Network.

The Network is applicable to all locations that you work from.

Cover for Members

These Terms and Conditions apply to all Members of Participating Funds, including Participating Funds that underwrite a range of branded products, and funds we may work with in the future. A full list Participating Funds is available at [HH website](#).

Section 3: Practitioner eligibility

To apply to participate in the Network, please complete the registration form which can be found at [HH website \(Application\)](#).

Where your Application is accepted and you are deemed eligible to participate in the Network, your registration for the purposes of paying claims will be recognised from the date the Application was made. Any requests to further backdate registrations can be made at the time of applying or will need to be submitted in writing if your Application has already been processed. Requests for back dating may be accepted at the Participating Fund's absolute discretion.

At the time of your registration and at all times during your participation in the Network, you must meet the following requirements:

- be registered with Medicare Australia for the specialty being claimed;
- hold medical indemnity insurance with a recognised indemnity provider with a minimum sum insured of \$20 million;
- not allow another person to perform services using your provider number;
- bill the Participating Fund directly when charging a Treatment through the Network; and
- otherwise comply with these Terms and Conditions.

You are not eligible to participate in the Network if:

- you are treating a Public Patient; or
- you are a Practitioner employed at a Private or Public Hospital and are treating Private Patients covered by the Participating Fund at the Hospital; or
- you are, or become, unregistered, or have your registration suspended under the laws of the relevant state or territory within Australia, in which case you must immediately notify HH; or
- you have conditions placed on your AHPRA registration that, while not preventing you from practicing, we view as not being in line with members' expectations; or
- HH has suspended or cancelled your registration with the Network under Section 10: Suspension and Cancellation.

Section 4: Patient eligibility

A Member may be eligible for Network Benefits if at the time of receiving Treatment from you, when:

- the Treatment you are performing has an MBS item number specified in the Schedule of Benefits. (The Network does not apply to consultations before or after Treatment or In-Patient pathology);
- is eligible for Benefits for the Treatment under a hospital product to which the Network applies;
- is not in arrears with their Premiums;
- is not subject to a Waiting Period in respect of the Treatment;
- is eligible to receive Medicare Benefits; and
- is not entitled to Compensation.

We recommend that Practitioners confirm a Member's eligibility prior to performing the Treatment by contacting the relevant Participating Fund to conduct an eligibility check. For Participating Fund contact details visit the [HH website](#).

If a Member is ineligible for Network Benefits, it will be necessary for you to issue an invoice so they can claim their benefit entitlements from Medicare and the Participating Fund (if applicable). The maximum that the Participating Fund may be able to pay in this circumstance is 25 per cent of the MBS Fee.

Section 5: Claiming requirements

Claims should be submitted electronically to the Participating Fund using the Medicare Eclipse system. Where electronic claiming is not available, claims can be submitted via post or email. Please include your Official provider invoice and an accompanying batch header. It will be necessary to include the following details as part of your claim:

- Member's policy/membership number;
- Member's name, address and date of birth;
- Member's current Medicare card number, including the patient reference number; and
- the MBS item numbers, associated charges and the date on which the Treatment was performed.

From time to time, it may be necessary for HH, acting as an authorised agent of the Participating Funds, to request information in addition to the above to assist in establishing details of an admission or treatment provided, or to reconcile our records.

Claim rejections

There may be times where the Participating Fund will be unable to pay claims for Network Benefits. Network Benefit claims may be rejected for reasons including, but not limited to:

- if you or the Member do not meet the requirements of the Terms and Conditions, including those set out in Sections 3 and 4; or
- if insufficient or incorrect details are provided on the official invoice or batch header; or
- if the fee charged by you exceeds the Network Benefit payable for that Treatment; or
- where your fees are below the MBS fee; or
- where the claim is sent directly to Medicare or to the Member instead of to the Participating Fund; or
- where the MBS details on your claim do not meet the description or explanatory notes on the MBS; or
- where a claim is lodged with the Participating Fund more than two years after the date of Treatment; or
- for any Treatment where the Member is an Outpatient; or
- any Treatment where the Member is a Public Patient; or
- where there has been non-compliance with these Terms and Conditions or where HH determines the billing practice to be inappropriate or incorrect (see Section 9).

The Participating Fund will return rejected claims to you and may ask for the invoice to be:

- amended where appropriate and re-submitted;
- sent to the Member to be claimed through Medicare and the Participating Fund (if applicable); or
- sent to the Member noting that the item shown on the account is not claimable through Medicare or the Participating Fund.

Section 6: Payments of Benefits

If you perform a Treatment specified in the Schedule of Benefits to a Member and:

- you meet the eligibility requirements in Section 3;
- the member meets the eligibility requirements in Section 4;
- your claim meets the requirements of Section 5; and
- we have received Medicare Benefits for that Treatment,

the Participating Fund will pay you the Network Benefit for the treatment into your bank account within 20 business days of their receipt of the Medicare Benefit from Medicare.

You can nominate your bank account with the Participating Funds by completing an authority to add or change payment details form available at [HH website](#) or by contacting HH Provider Support Team by phone: 1800 411 633 (Mon - Fri: 9am – 5pm AEST/AEDT) or email providers@honeysucklehealth.com.au

Please ensure that your bank account details are kept up to date with the Participating Funds.

Incorrect payments

Should you, Medicare or the Participating Fund become aware that a claim has been incorrectly paid or overpaid, the Participating Fund reserves the right to obtain a refund of any money paid to you in error. If this should occur, you agree to:

- refund any amount paid incorrectly to you within 14 business days from the date you are given notice that a refund is required; and
- reissue an amended invoice as soon as practical after becoming aware of, or receiving notice of, the error.

If at any time you fail to refund any amount due as a result of the overpayment of a Network Benefit made in error, the amount owing is a debt owed by you to the Participating Fund. The Participating Fund may consider recovering the amount by offsetting future Network Benefit payments.

Section 7: Auditing

HH or the associated Participating Fund may require your assistance to enable the verification of amounts paid by the Participating Funds as Network Benefits in accordance with these Terms and Conditions.

Should HH or the Participating Fund reasonably suspect a breach of these Terms and Conditions or inappropriate billing practices we will contact you to understand our information in greater detail. Often, this first point of contact and investigation is enough to resolve our enquiries. However, if we require further clarification, it may be necessary for you to provide us with access to, or copies of, additional claims records, as required, during the course of a more detailed audit.

Section 8: Collection and Publication of Provider Information

At HH we think it's important to help our Participating Funds' members make informed choices about their healthcare. We, and each Participating Fund, may publish some information about the Practitioners who participate in the Network to help members, consumers and other practitioners find an anaesthetist who is registered in the Network.

Collection of your information

When you register for the Network, you consent to HH and the Participating Fund's collecting your information for the benefit of the Participating Fund, members, consumers, referring doctors and the promotion of the Network, including but not limited to the following information ("**Practitioner Information**"):

- your name;
- your practice name and address;
- your practice phone number;
- the email address for your practice;
- if you do not have consulting rooms, any contact details you have supplied to HH as being suitable for Participating Fund Members (Eg, Principal Place of Practice, contact phone number or email);
- your specialty;
- number of Treatments provided to Members over a certain period;
- your surgical partners (for example, Surgeons) over a certain period; and
- the name of the Hospitals in which you have provided Treatments to Members over a certain period.

We collect Practitioner Information from a variety of sources including directly from you and indirectly from Participating Funds claims data. Contact information in all cases will be obtained from you (or from an authorised representative).

You consent to HH and Participating Funds sharing Practitioner Information with one another for the purpose of administering and managing the Network.

How we use Practitioner Information

HH may disclose or publish, by any means, Practitioner Information to third parties, such as Participating Funds, Members, consumers or referring doctors, including general practitioners or other specialists and publication on public websites.

Practitioner Information may be published in any HH, or Participant Fund approved media or materials, including on websites controlled by HH or third parties, and via other HH communication channels. This includes publication via online healthcare provider directories.

It is a requirement of your participation in the Network that you consent to the publication of your Practitioner Information as described in this Section 8. By registering and continuing to participate in the Network, you provide your consent.

Section 9: Informed Financial Consent

Where appropriate, we request that you provide the Member with an Informed Financial Consent. We acknowledge in anaesthetics there are variables unknown preoperatively that influence item number use and the subsequent billing. Therefore, HH and the Participating Funds recognise this Informed Financial Consent will be an estimate. It is noted any Out-Of-Pocket Expense must not exceed the Known Gap cap. This information is to be provided before the Treatment is provided where possible or otherwise as soon as practicable after.

As set out in Section 1, you may not charge any booking, technology or facility fees, or any other such fees related to that Treatment, (other than a Known Gap).

Where the Participating Funds claim defaults to their 25% contribution of the MBS as a result of non-compliance with these Terms and Conditions, or where HH determines the billing practice to be inappropriate or incorrect, for example but not limited to, fees higher than the Network Schedule of Benefits or a booking fee is charged, you must not seek payment from the Member or the Participating Fund for any amount or out-of-pocket that results from the non-compliance or inappropriate incorrect billing.

Disclosure of Financial Interests

If you have any financial interest in any product or Treatment that you recommend to a Member, you must disclose such interest to the relevant Participating Fund.

Section 10: Suspension, Cancellation and Resignation

You may deregister from the Network at any time, by providing HH 30 days' written notice. HH will notify the Participating Funds of your deregistration from the Network.

HH may suspend or cancel your registration in the following circumstances:

- HH or the Participating Fund has reasonable grounds for suspecting non-compliance with these Terms and Conditions during the conduct of an audit; or
- you have committed a material breach of these Terms and Conditions or Special Conditions, or after repeated instances of non-compliance with these Terms and Conditions or Special Conditions, where we have notified you in writing of your non-compliance; or
- HH determines, acting reasonably, that suspension is required to protect its or Participating Funds' interests or reputation; or
- you owe money under these Terms and Conditions and despite being notified of the debt, you have refused to pay within 14 business days; or
- you are, or become, unregistered, have your registration suspended under the laws of the relevant state or territory within Australia, in which case you must immediately notify HH; or
- you no longer carry medical indemnity insurance with a recognised indemnity provider in which case you must immediately notify HH; or
- you have conditions placed on your AHPRA registration that, while not preventing you from practicing, we view as not being in line with members' expectations; or
- HH identifies you have not submitted a Network claim with the Participating Funds for a period greater than 2 years.

HH will notify you of any cancellation, suspension or deregistration with a minimum of 14 business days' prior written notice setting out the reasons for suspension or cancellation, except where HH reasonably determines that suspension or cancellation is urgently required to protect members, HH or Participating Funds interests, in which case HH may suspend you with immediate effect.

HH may, at our discretion, allow a practitioner whose registration has been cancelled to re-register for and participate in the Network. You may also re-register at any time if you previously voluntarily resigned from the Network or were deregistered as a result of inactivity.

Cancellation, suspension, deregistration or resignation will result in the removal of your Practitioner Information from HH and third party-controlled websites (as described in Section 8).

If you deregister from the Network, or if HH suspends or cancels your registration with the Network, the Participating Funds will pay their 25 per cent portion of the MBS Fee for Treatments unless Medicare has suspended or cancelled your registration with Medicare. In this instance, they will not pay the 25 per cent portion of the MBS Fee.

If you do choose to deregister you may reregister with the Participating Fund's No Gap or Known Gap schemes. To reregister visit [HH website](#) or contact HH's Provider Support Team by phone: 1800 411 633 (Mon - Fri: 9am – 5pm AEST/AEDT) or email providers@honeysucklehealth.com.au.

Section 11: Privacy notice

HH is committed to complying with its obligations under Privacy Law, which regulates how personal information should be collected, used and disclosed, and stored.

The Australian Privacy Principles require HH to use personal information only for the purpose for which it is collected, or for a permitted purpose, which includes a secondary purpose that is related (or directly related in the case of health information) to the primary purpose. Participating Funds assessing and paying benefits under a member's Policy is a permitted purpose. When you apply for registration with the Network and when requesting to update your contact details, HH will collect from you or from your authorised representative your name, address and contact details (including your phone number and email address) and your Medicare provider number.

We will use your personal information to register you in the Network and for statistical analysis. We will share those registration details and analysis with the Participating Funds for assessing and processing claims, making payments and managing the Network.

We will disclose and/or publish your Practitioner Information, including your name, specialty and practice contact details (when provided to us by you or your authorised representative) and other claiming information, as outlined in Section 8.

It is a minimum requirement of participating in the Network that you agree to have your name, specialty, principal place of practice and status as a registered Network Practitioner made available for members, consumers and referring doctors via our standard communication channels, including publication on HH's website and third party websites and tools. If you do not agree to your details being shared in the manner described in these Terms and Conditions you are not eligible to participate in the Network.

Refer to HH's Privacy Policy at honeysucklehealth.com.au for information on how you may access and seek correction of your personal information held by HH, how you may report a breach of the Australian Privacy Principles and how HH will deal with such a complaint.

Section 12: Liability

These Terms and Conditions bind each Participating Fund severally, not jointly.

Your arrangement with each Participating Fund under the Network is individual. Under no circumstances will a Participating Fund be liable to you for any breach by, or the acts omissions of, any other Participating Fund.

Section 13: Feedback and Complaints

HH and the Participating Funds both understand the importance of providing excellent service and we appreciate that feedback can help us improve.

For enquires related to your agreement and registration please contact HH's Provider Support Team

Phone: 1800 411 633 (Mon - Fri: 9am – 5pm AEST/AEDT)

Email: providers@honeysucklehealth.com.au

HH will make every possible effort to facilitate a resolution to claims and complaints to your satisfaction.

In the event that you are not satisfied with the outcome you can contact the Commonwealth Ombudsman:

Phone: **1300 362 072**

Mail: GPO Box 442
Canberra ACT 2601

Or submit a form online at ombudsman.gov.au

For more information about the Commonwealth Ombudsman visit privatehealth.gov.au

Section 14: Glossary of Important Terms

“Admission” means being admitted by a medical practitioner to a Private Hospital to receive Hospital Treatment as a Private Patient. Treatment in the emergency room of a hospital is not an Admission.

“Admitted Patient” means a person who is formally admitted to a Hospital for the purposes of Hospital Treatment.

“Application” has the meaning given to that term by section 3.

“Benefit” means an amount of money payable from the Participating Fund to or on behalf of a Member under their Policy.

“Claim” means a claim for the payment of Network Benefits which complies with these Terms and Conditions.

“Compensation” means an entitlement or a potential entitlement to receive compensation or damages or any other indemnification in respect of any Condition (E.g., including an entitlement to workers compensation, compulsory third party insurance, travel insurance, sports insurance, common law damages, government and agencies programs).

“Condition” includes any illness, injury, ailment, disease or disorder for which Treatment is sought.

“Fund Rules” mean the fund rules established by the Participating Funds that relate to the day-to-day operation of the Fund.

“Gap” means the difference between the amount the provider charges the member for a specific MBS item and the amount they are able to claim through Medicare and/or the Participating Funds for that item.

“HH” means Honeysuckle Health Pty Limited ABN 55 637 339 694.

“Hospital” has the meaning given to that term by the Private Health Insurance Act.

“Hospital Product” means a Product which covers Benefits in relation to:

- a) some or all Hospital Treatment; and
- b) some or all associated professional services rendered to a patient receiving Hospital Treatment and includes combined hospital and extras products.

“Hospital Treatment” means the provision of goods and services that:

- a) is intended to manage a Condition; and
- b) is provided to a patient:
 - i) by a person who is authorised by a hospital to provide the Treatment; or
 - ii) under the management or control of such a person; and
- c) either:
 - i) is provided at a Hospital; or
 - ii) is provided or arranged with the direct involvement of a Hospital.

“Informed Financial Consent” is where a Participating Fund Member is told in writing about, and consents to, the cost of Hospital Treatment before being provided with that Treatment. The Member should be informed of the cost of Hospital Treatment before they are admitted to Hospital to enable Informed Financial Consent to be given.

“Inpatient” has the same meaning given to **“Admitted Patient”**.

“Known Gap” means the ability to charge a known gap above the Network Benefit up to a limit of \$500 in accordance with these Terms and Conditions.

“Medicare Benefit” means the benefit payable by Medicare for a particular service or Treatment as set out in the Medicare Benefits Schedule.

“Medicare Benefits Schedule” or “MBS” means the schedule set by the Commonwealth Government for the purpose of paying Medicare Benefits.

“Medicare Benefits Schedule Fee” or “MBS Fee” means the amount set under the Medicare Benefits Schedule.

“Member” means any Policyholder and any insured person covered under a Policy (including adults and dependent children).

“Network” means the “Honeysuckle Health Anaesthetics Network” described in these Terms and Conditions.

“Network Benefit” means the fee for each MBS item set out in the Network Schedule of Benefits.

“Network Schedule of Benefits” means the schedule of Benefits available at [HH website](#) or by contacting HH’s Provider Support Team by phone: 1800 411 633 (Mon - Fri: 9am – 5pm AEST/AEDT) or email providers@honeysucklehealth.com.au.

“No Gap” is where your charge to the Member for the Treatment equals the Network Benefit.

“Official provider invoice” meaning accounts and/or receipts on your letterhead or showing your official stamp, and showing the following information:

- a) your name, provider number and address;
- b) the member’s full name and address;
- c) the date of Treatment;
- d) the description of the Treatment;
- e) the amount(s) charged; and
- f) any other information that we may reasonably request.

“Out-Of-Pocket Expenses” means those charges and fees not covered by us under a Policy. For example, we will not pay for medical fees above the MBS Fee (where doctors don’t participate in The Network), any Hospital excess, or some personal and take-home items like toiletries, newspapers and long distance and mobile phone calls provided in Hospital. These are billed to members by practitioners and Hospitals. Members are advised to ask the Hospital and their Provider what their potential out-of-pocket expenses might be (see also Informed Financial Consent).

“Outpatient” means a patient that does not require admission or an overnight stay in a Hospital.

“Participating Fund” means the private health insurers registered under the Private Health Insurance Act that have agreed to pay Benefits in respect of Members through the Network in accordance with the Network Schedule of Benefits and which include:

nib Health Funds Limited (**nib**);

“Policy” means a policy for a complying health insurance product issued by a Participating Fund.

“Policyholder” means a person insured under a Policy.

“Practitioner” means a practitioner whose Application has been accepted and is a registered practitioner in the Network.

“Practitioner Information” has the meaning given to that term by section 8.

“Premium” means an amount of money a Policyholder is required to pay to us in respect of a specified period of cover for a Policy issued under a Product.

“Principal Place of Practice” means the principal place of practice as defined by AHPRA being the location declared by the Practitioner as the address at which they mostly practise their profession.

If the location of the principal place of practice is in Australia, the following information is displayed on the [registers of practitioners](#): Suburb, State and Postcode.

“Privacy Law” means the *Privacy Act 1988* (Cth), including the Australian Privacy Principles, and state and territory privacy and health records laws, as applicable.

“Private Health Insurance Act” means the *Private Health Insurance Act 2007* (Cth), *Private Health Insurance (Prudential Supervision) Act 2015* (Cth) and includes any regulations and rules made pursuant to those Acts.

“Private Hospital” means a privately run Hospital.

“Private Patient” means a member electing to claim under their Policy for Treatment in a Private Hospital or Public Hospital.

“Product” means a complying health insurance product under the Private Health Insurance Act.

“Professional Attention” means:

- a) medical or surgical treatment by or under the supervision of a medical practitioner; or
- b) obstetric treatment by or under the supervision of a medical practitioner or a registered nurse with obstetric qualifications; or
- c) dental treatment by or under the supervision of a dental practitioner.

“Public Hospital” means a Hospital owned and operated by the State or Federal Governments.

“Public Patient” means a patient who has elected to be admitted to a Public Hospital which means that all benefits are claimable through Medicare only and are not claimed under the member’s Policy.

“Records” includes financial records, books of account, medical records and other documents and information which may be stored electronically or manually.

“Self-Insured Patient” or **“Uninsured”** means a member has opted to take full financial responsibility for a claim and all associated costs.

“Special Conditions” means any applicable Special Conditions applicable to a Participating Fund, set out in Annexure A to these Terms and Conditions.

“Treatment” means:

- a) in respect of Hospital Products: Hospital Treatment, Professional Attention and any other item in respect of which Benefits are payable to a member under their policy; and
- b) in respect of general products: services and items for general treatment for which benefits are payable to a member under their policy.

“You” and **“Your”** means the practitioner named in the Application to participate in the Anaesthetic Network.

“Waiting Period” means a period of time during which a policyholder must continuously hold a policy for a particular product before a member under that policy has an entitlement to receive a Benefit under that product for particular goods or services.

“We, us and our” means Honeysuckle Health Pty Limited ABN 55 637 339 694

Contact Honeysuckle Health

For enquires related to your agreement and registration please contact Honeysuckle Health's Provider Support Team

Phone: 1800 411 633 (Mon – Fri: 9am – 5pm AEST/AEDT)

Email: providers@honeysucklehealth.com.au

ANNEXURE A – Participating Fund Special Conditions

1. nib Special Conditions

In these nib Special Conditions, “**we, us and our**” means nib.

Application of nib Special Conditions

You must comply with these nib Special Conditions in relation to the treatment of all **nib Members**, including all **nib Whitelabel Members**.

For clarity, the Network Schedule of Benefits applies for all nib Members, including all **nib Whitelabel Members**.

Modern Slavery

nib providers are expected to respect universally recognised principles on human rights and labour rights. To this end, we expect you to:

- comply with the Code of Conduct, which sets out the commitments, and principles we expect of all our supply chain partners to ensure they comply with internationally recognised principles on human rights, labour rights, the environment and anti-corruption;
- not engage in any conduct which may contravene Modern Slavery Laws in Australia; and
- undertake to implement due diligence procedures to ensure that there is no, or there is no risk of Modern Slavery in your supply chains.

We ask that you promptly provide nib or HH with any information or documentation upon request that nib or HH reasonably requests to:

- enable nib or HH to comply with its obligations under Modern Slavery Laws; and
- evidence your compliance with the Code of Conduct and your obligations with respect to Modern Slavery as set out in this clause.

Privacy

nib will manage your personal information in accordance with the nib Privacy Policy.

By joining this Network, you agree to your personal information being managed in accordance with the nib Privacy Policy.

Defined terms

“**Code of Conduct**” means the nib Supplier Code of Conduct, a copy of which is available at the following link: <https://www.nib.com.au/docs/code-of-conduct>

“**Modern Slavery**” means the exploitation of a worker, human trafficking, slavery, servitude, forced labour, debt bondage or deceptive recruiting for labour or services, or similar types of conduct.

“Modern Slavery Laws” means any law which prohibits Modern Slavery and which is applicable or otherwise in force in the jurisdiction in which HH or the Supplier is registered or conducts business or in which activities relevant to the Agreement are to be performed, or which imposes Modern Slavery reporting obligations on one or both of the parties to this Agreement.

“Network” also means the “nib GapSure Anaesthetics network” described in these Terms and Conditions where a Practitioner accepts the Network Benefit as full payment for Treatment provided to the Member and is not permitted, other than the permissible Known Gap, to charge Members any additional charges or out-of-pocket expenses.

“nib” means nib Health Funds Limited (ACN 000 124 381).

“nib Members” means all Members insured on a Product underwritten by nib, including nib Whitelabel Members.

“nib Whitelabel Members” means Members insured on “white-labelled” Products underwritten by nib on behalf of its strategic partners including, but not limited to: APIA Health Insurance, Qantas Health Insurance, Suncorp Health Insurance, AAMI Health Insurance, ING Health Insurance and United Healthcare Global for Medicare eligible residence in Australia. A full list of nib’s current whitelabel partnerships is available at nib.com.au/providers/.

“nib Privacy Policy” means the nib Privacy Policy, a copy of which is available at the following link: <https://www.nib.com.au/docs/privacy-policy>

Contact nib

For enquiries related to claims (including remittance advice), please contact nib's Provider Relations Team

Phone: 1300 853 530 (Mon - Fri: 9am – 5pm AEST/AEDT)

Email: providers@nib.com.au

For enquires related to your agreement and registration please contact Honeysuckle Health's Provider Support Team

Phone: 1800 411 633 (Mon - Fri: 9am – 5pm AEST/AEDT)

Email: providers@honeysucklehealth.com.au