

I want to register for access to rt's online hospital cover check facility

Section one – details about the hospital/medical facility			
Name of hospital/medical facility			
Provider number			
Section two – details about the primary contact person			
Family name			
Given name			
Direct telephone number	Fax number		
Email address			
Section three – password			
Please nominate a password for your access Passwords must be eight characters and con	to the online hospital cover check facility. tain at least one numeral and one capital letter.		
Section four – details of the people wh	o will use the online hospital cover check	k facility	
Family name			
Given name	Dire	ect telephone number	
Email address			

Space for additional names on next page

Family name				
Given name Direct telephone number				
Email address				
Family name				
Given name	Direct telephone number			
Email address				
Family manage				
Family name				
Given name	Direct telephone number			
Email address				
Section five – agreement				
The hospital/medical facility named above agrees to be bound by the terms and conditions of rt health fund's online hospital cover check facility as detailed on its website at www.rthealthfund.com.au . The hospital/medical facility understands that from				
time to time these terms and conditions may change and that rt health fund may issue new passwords or suspend access to the service at any time. The hospital/medical facility will promptly inform rt health fund if it wishes to change any of its authorised				
users or if any of its authorised users cease to be employed by it. This application replaces all previous applications and remains valid unless rt health fund is otherwise notified by the hospital/medical facility in writing.				
Name (please print)	Position held			
Signature To register your hospital/medical facility for access to				
rt's online hospital cover check facility, simply complete				
this form and send it to us by: • emailing to help@rthealthfund.com.au				
Today's date / / • faxing to 02 9744 7438 • posting to po box 1100, burwood north 2134				
dropping in to one of our branches If you have any questions about this facility or the				
	If you have any questions about this facility or the registration process, please call us on 1300 886 123.			

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