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Accreditation Pty Ltd

CERT NO: QPA18-MDS5581

SYDNEY
MEDICAL SERVICE
CO-OPERATIVE
LIMITED



1300 HOME GP
Sydney Medical Service Co-Operative Limited

Locked Bag 1, Panania 2213

Phone: (02) 8724 6300 Fax: (02) 8724 6301

Email: syd_med_service@bigpond.com.au ABN: 67 878 022 161

OFFICE USE ONLY

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INDIVIDUAL MEMBERSHIP APPLICATION

For use by individual Medical Practitioners in practice alone at a specified address. This Individual Membership Application form entitles only the named Applicant to receive the benefits of membership of Sydney Medical Service

Applicant Medical Practitioner Name

(Principal Representative):

Applicant's Mobile:

Applicant's Home Telephone:

Applicant's Provider Number:

Applicant's Practice Details:

If there is more than one surgery, please provide on a separate sheet the details below for each surgery

Practice Name:

Practice/Applicant ABN:

Practice Address:

Practice Telephone Number(s):

Practice Fax Number(s):

Practice Email Address:

Practice Manager/Contact Person:



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Applicant's Practice Hours:

	Opening Time	Closing Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Public Holidays		

Required Practice Information:

- Do you supply any after-hours services on weekdays in the period between Sydney Medical Service ceasing to provide services (8.00am) and the opening time of your surgery?

Y N (please circle)

If yes, during which hours? _____

- Is your surgery an accredited practice? Y N (please circle)

- Which Primary Health Network does the surgery fall under?

- How would you like to receive your patient reports?

Via fax

Via HealthLink

Via Mail

If using Healthlink please state your EDI: _____



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5. Do you wish to be notified immediately of urgent pathology results or any deaths during the after-hours period? Y N (please circle)

If yes please list your after-hours contact number: _____

(Please note that you may be contacted in unsociable hours when required).

You acknowledge that you have read and understood Sydney Medical Service’s Moribund Procedure and agree to comply with such procedure. In particular, you agree to inform Sydney Medical Service of any anticipated deaths at which Sydney Medical Service is required to attend and complete the Interim Death Certificate and that you will to complete the Full Death Certificate at the earliest opportunity following the patient’s death.

You acknowledge that you must supply all special instructions pertaining to patients in writing to Sydney Medical Service.

ADDITIONAL COMMENTS BY APPLICANT:

Please note that all information provided by the Applicant on this Application for Membership which is not information in the public domain is for use by Sydney Medical Service only and will not be disclosed to any third party except as is required by law.



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Information regarding Membership:

1. In accordance with its Rules, notice is given to the Applicant for Membership that the following documents are available for inspection at Sydney Medical Service's office at 68 Anderson Avenue, Panania:
 - a. A consolidated copy of its Rules
 - b. Notice of the Subscription fees payable by Members
 - c. Copies of relevant special resolutions passed by the Members, except resolutions providing for an alteration of the Rules
 - d. A copy of the last Annual Report
2. Sydney Medical Service is currently offering registration to all surgeries based on a ZERO fees policy. Should fees ever be re-introduced, each surgery will be contacted prior to commencement of billing.
3. Sydney Medical Service will distribute all notices to Members by email to the email address nominated on this Application for Membership.
4. Cancellation or resignation of membership must be in writing to Sydney Medical Service and will take effect from the commencement of the following quarter.

By signing the Application for Membership of Sydney Medical Service, you agree and acknowledge that:

1. The information supplied in this Application for Membership is complete and accurate. You agree to give notice in writing to Sydney Medical Service of any changes to the information supplied in this Application for Membership as soon as is reasonably practicable.
2. If this Application for Membership is accepted, you (the named Applicant) will be admitted as a Member of Sydney Medical Service. As a member, you (the named Applicant) will:
 - a. be bound by the Rules of Sydney Medical Service; and
 - b. be entitled to the benefits of membership of Sydney Medical Service (subject to the Rules of Sydney Medical Service)
3. You are in practice alone at the surgery (or surgeries) nominated on this Application for Membership and will be the only Medical Practitioner entitled to receive the benefit of membership of Sydney Medical Service under the Membership.
4. If any other Medical Practitioner commences practice from the surgery nominated on this Application for Membership, you will immediately notify Sydney Medical Service of the details of such Medical Practitioner and agree to Sydney Medical Service charging a revised subscription fee based upon the number of Medical Practitioners who shall receive the benefit of the services provided by Sydney Medical Service. Should this occur:



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- a. The original Applicant for Membership and any subsequent Medical Practitioners who commence practice from the surgery nominated on the Application for Membership shall be treated as Joint Members; and
 - b. The original Applicant for Membership shall be regarded as the principal representative of the Joint Members.
5. You are aware of the boundaries and geographic regions presently covered by Sydney Medical Service and understand that:
- a. Patients who reside outside of those boundaries will not be covered for after-hours care by Sydney Medical Service; and
 - b. It is your responsibility to make alternative after-hours arrangements for those patients.

Signed: _____ **Dated:** _____

Name of Applicant for Membership: _____