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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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CORPORATE MEMBERSHIP APPLICATION

For use by a corporation in the business of providing medical services from one or more specified addresses. If accepted, corporate membership entitles Medical Practitioners named in this application who are employed or engaged by the Corporate Member Applicant to receive the benefits of membership of Sydney Medical Service.

Corporate Member Applicant: _____

ACN and ABN: _____

Principal Representative for Corporate Member: _____

The Principal Representative must be a registered Medical Practitioner and shall be, subject to the Rules of Sydney Medical Service, the person entitled to exercise the vote on behalf of the Corporate Member, the designated contact if urgent contact required and to whom notices shall be sent.

Mobile Telephone: _____

Home Telephone: _____

Email Address: _____

Provider Number: _____

Number of Surgeries/Practices: _____

Number of Full Time (or Equivalent) _____

doctors:

Corporate Member Applicant Practice Details:

If there is more than one practice, please provide the details below for each practice on a separate sheet. It is important that separate details be provided for each practice so that Sydney Medical Service can communicate with the appropriate person.

Practice Name: _____

Practice Address: _____

Practice Telephone Number(s): _____

Practice Fax Number(s): _____



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Practice Email Address: _____

Practice Manager/Contact Person: _____

Primary Contact Doctor for Practice/Surgery (if different to Principal Representative): _____

Medical Practitioners employed or engaged by Corporate Member Applicant:

These details below must be completed for each person employed or engaged by the Corporate Member Applicant who will be entitled to receive the benefits of membership of Sydney Medical Service. If there is insufficient room below, please provide on a separate sheet the details below for each Medical Practitioner.

1.	Name:	
	After-Hours Contact No:	
	Provider Number:	
	Hours worked per week:	
2.	Name:	
	After-Hours Contact No:	
	Provider Number:	
	Hours worked per week:	
3.	Name:	
	After-Hours Contact No:	
	Provider Number:	
	Hours worked per week:	
4.	Name:	
	After-Hours Contact No:	
	Provider Number:	
	Hours worked per week:	
5.	Name:	
	After-Hours Contact No:	
	Provider Number:	
	Hours worked per week:	



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Corporate Member Applicant Practice Hours:

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

Required Practice Information:

- Does any medical practitioner employed or engaged by the Corporate Member Applicant supply after-hours services on weekdays in the period between Sydney Medical Service ceasing to provide services (8.00am) and the opening time of the surgery? **Y N** (please circle)

If yes, during which hours? _____

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

- Which Primary Health Network does the surgery fall under?

- How should patient reports be delivered?

Via Fax Via Healthlink Via Mail

If using Healthlink please state the 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, Sydney Medical Service will attempt to contact the regular Medical Practitioner of the patient but in circumstances where contact cannot be made, the Principal Representative will be contacted. Please provide a further alternative contact in case the regular Medical Practitioner and Principal Representative cannot be contacted:

Name: _____

Telephone Numbers: _____

(Please note the Principal Representative or alternative nominee may be contacted in unsociable hours when required).

You acknowledge that each Medical Practitioner employed or engaged by the Corporate Member Applicant has read and understood the Moribund procedure for Sydney Medical Service and agrees to comply with such procedure. In particular, each relevant Medical Practitioner agrees 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 the relevant Medical Practitioner employed or engaged by the Corporate Member Applicant will be required to complete the Full Death Certificate at the earliest opportunity following the patient's death.

You acknowledge that each Medical Practitioner employed or engaged by the Corporate Member Applicant must supply any and all special instructions pertaining to patients in writing to Sydney Medical Service.

Please note that all information provided by on this Application for Corporate 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 Corporate Membership:

1. In accordance with its Rules, notice is given to the Applicant for Corporate 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. A Corporate Member shall have one (1) vote only regardless of the number of Medical Practitioners employed or engaged or the number of surgeries. In accordance with the Rules of Sydney Medical Service, that vote may only be exercised by a registered Medical Practitioner. For the purposes of voting and subject to the Rules of Sydney Medical Service, the Principal Representative stated on this form is taken to be the person nominated to exercise the vote on behalf of the Corporate Member.
4. Sydney Medical Service may distribute notices to Corporate Members by email, fax or post.
5. Cancellation or resignation of Corporate 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 Corporate Membership of Sydney Medical Service, you, the Principal Representative, agree and acknowledge that:

1. The information supplied in this Application for Corporate 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 Corporate Membership as soon as is reasonably practicable.
2. If this Application for Corporate Membership is accepted, the Medical Practitioners named in the application will be entitled to receive the benefits of membership of Sydney Medical Service (subject to the Rules of Sydney Medical Service). Each Medical Practitioner will be bound by the Rules of Sydney Medical Service.
3. If any other Medical Practitioner commences at the surgery nominated on this Application for Corporate Membership and wishes to receive the benefits, 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.
4. If any Medical Practitioner listed on this Application for Corporate Membership leaves the practice, notice will be given to Sydney Medical Service as soon as reasonably practicable of departure because that Medical Practitioner leaving the nominated practice will no longer be entitled to the benefits of membership of Sydney Medical Service.



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5. Sydney Medical Service will serve notices on the Corporate Members by issuing such notices to the Principal Representative nominated on this Application for Corporate Membership (in accordance with its Rules).
6. You, and each of the Medical Practitioners listed on this Application for Corporate Membership, 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 and that of the Medical Practitioners listed on this Application for Corporate Membership to make alternative after-hours arrangements for those patients.

Signature of Principal Representative (on behalf of Corporate Member Applicant)

Name

Position

Date