



Membership and Enrolment for Diagnostic Imaging Accreditation Stage II

Please note you can also enrol on line at www.hdaa.com.au

Our practice is eligible to participate in the scheme under the pathway (✓) below:

- Stage I Accredited Practice** (we have Stage I Accreditation (either with HDAA or from another accreditation agency) and are eligible to receive two years extended accreditation to June 2012).
- New practice** (we are a new practice or business offering DIST services and have never previously held diagnostic imaging accreditation accreditation) .
- Lapsed Accreditation** (we previously held accreditation that has lapsed/expired and seek re-accreditation).
- MIAP Accredited Practice** (we have accreditation under the MIAP program and are seeking recognition under the Diagnostic Imaging Accreditation scheme).

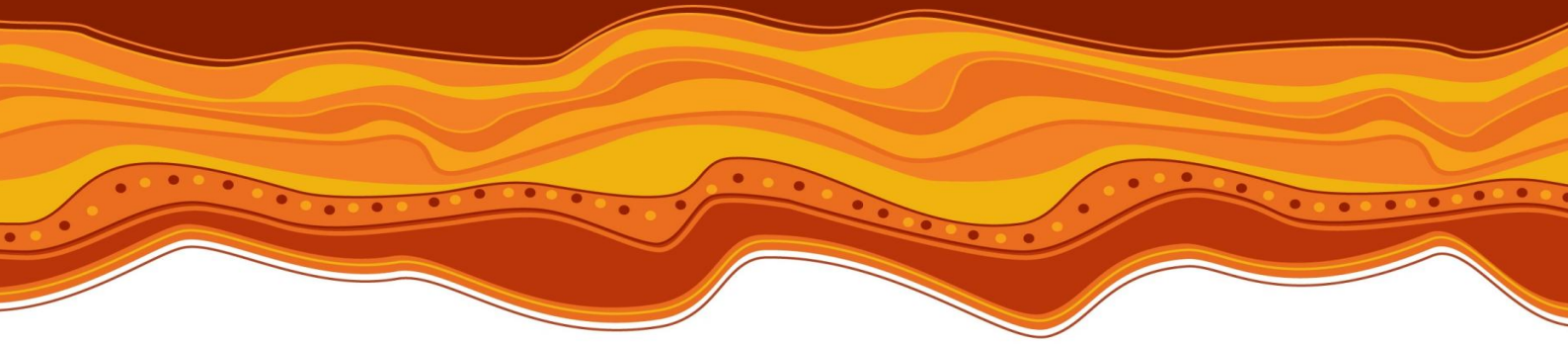
If you are unsure which one of these pathways above applies to you please call HDAA on 1800 601696 and we will assist you to enrol.

*Denotes compulsory fields

Section A: Practice Contact Details

1. *LSPN (Location Specific Practice Number)
2. *This practice is registering as (please tick one): A diagnostic imaging practice; or A base of mobile equipment.
3. *Choose a password (must be greater than 5 characters)
4. *Trading name of the practice enrolling.....
5. Group name (if applicable).....
6. *Address (physical location) of the practice named above
 - Floor or building name.....
 - Street number and name.....Suburb/Town/City.....
 - State.....Post Code.....
7. * Postal Address (please tick if same as above)
 - Floor or building name.....
 - Street number and name.....Suburb/Town/City.....
 - State.....Post Code.....
8. *Preferred contact person for accreditation
 - Name.....Position.....
 - Telephone (wk).....Telephone (mb).....
 - EmailFacsimile (wk).....
9. As the preferred contact are you responsible for any other practice participating in the accreditation scheme?
 - Yes No
10. *Proprietors' (business owner) contact details
 - Name.....Telephone (wk).....
 - Email





Section B: Practice Information

11. *Please tick (✓) the type of imaging services your practice provides for which Medicare Benefits are claimed.

- | | | |
|--------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Angiography | <input type="checkbox"/> CT | <input type="checkbox"/> Fluoroscopy |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> MRI | <input type="checkbox"/> OPG |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> X-ray | <input type="checkbox"/> Nuclear Medicine Imaging |

12. *How many units (items of imaging equipment indicated above) are located at this practices?.....

13. *How many fulltime and part time imaging practitioners does your practice have? Full time.....Part time.....

14. *Is your practice currently providing only non-radiology services (please tick)? Yes No.

Section C: Verification, Terms and Conditions of Agreement

Please review the information you have entered to ensure fullness and accuracy and that at minimum all the compulsory fields are completed. Giving false or misleading information is a serious offence. Full terms and conditions are shown on our website www.hdaau.com.au

15. *I, (insert your name and position)

Of (insert your organisation name)

confirm I have permission to act on behalf of (LSPN) and am able to authorise this enrolment with HDAA for the Diagnostic Imaging Accreditation Scheme Stage II and verify the completeness and accuracy of the information provided in this enrolment and associated application documentation (when submitted for audit) for the Diagnostic Imaging Accreditation Scheme Stage II. I understand and accept on behalf of this LSPN the terms of HDAA Membership and the schedule of fees to 30 June 2013. I agree that the first instalment of fees will be paid within seven (7) days of enrolment. A further membership payment will be paid within seven days of receipt of invoice in June 2012.

This Membership to HDAA for Diagnostic Imaging Accreditation is until 30 June 2013.

16. *Payment method for first instalment (please tick one)

Electronic Funds Transfer. The LSPN must be shown in the payee/details section of the online banking payment. Account Name: Health and Disability Auditing Australia. Bank: ANZ. BSB: 014309. Account Number: 451246253.

Post a cheque Cheques must be made payable to "HDAA" and show the practices LSPN and trading name on the reverse side of the cheque.

Note: Confirmation of HDAA Membership and your enrolment in the Diagnostic Imaging Accreditation Scheme will be sent to the contact person's email listed at No. 8 above once verification of the practice details and category have cleared.

17. *Signed.....

*Date.....

Please return this Membership and Enrolment Form to HDAA
Facsimile (07) 3491 9897 Email di@hdaau.com.au
Post PO Box 365, North Lakes, QLD 4509

