

St.LukesHealth Gap Cover Customer Service Listing Opt Out Form



By completing this form, you are requesting not to participate in the St.LukesHealth Gap Cover Customer Service Listing. Our members use this service to make an informed decision on those providers who are registered to participate in the St.LukesHealth Gap Cover program.

Section 1 – Provider Details

Provider Name	<input type="text"/>		
Practice Address	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Provider Number	<input type="text"/>		
If you have more than one practice address, please show the additional locations in section 2			
Medical Speciality 1	<input type="text"/>	Medical Speciality 2	<input type="text"/>

Please opt me out of the customer service listing used to better inform St.LukesHealth members. I acknowledge that members may use this service to identify a No / Known gap provider and use this information to select that provider.

Opt Out If already listed on the Customer Service Listing, actioning this request may take up to 30 days.

Section 2 – Further Provider Details

Practice Address	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Provider Number	<input type="text"/>		
Practice Address	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Provider Number	<input type="text"/>		
Practice Address	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Provider Number	<input type="text"/>		

Section 3 – Authorisation

Provider Signature

Date