

Westfund have developed **HELPER** (Hospital Extranet Link for Patient Eligibility Records) to provide hospitals with a web-based system to instantly access private patient eligibility information.

Due to the nature of information contained on the **HELPER** system, hospitals and providers must nominate individuals who are authorised to access **HELPER**. You may nominate users on this form.

It is important to ensure that Westfund is informed about any changes to personnel. Your **HELPER** password may be changed at any time by notifying Westfund in writing.

Hospital information

1. Hospital name	<input type="text"/>								
2. Hospital provider no.	<input type="text"/>								
3. Hospital primary contact	<table border="0"> <tr> <td>Surname</td> <td><input type="text"/></td> </tr> <tr> <td>Given names</td> <td><input type="text"/></td> </tr> <tr> <td>Direct Phone</td> <td>(<input type="text"/>)</td> </tr> <tr> <td>Email</td> <td><input type="text"/></td> </tr> </table>	Surname	<input type="text"/>	Given names	<input type="text"/>	Direct Phone	(<input type="text"/>)	Email	<input type="text"/>
Surname	<input type="text"/>								
Given names	<input type="text"/>								
Direct Phone	(<input type="text"/>)								
Email	<input type="text"/>								
4. Preferred access password for HELPER	<input type="text"/>								

Please complete this form and return to:

HELPER Registration
 Westfund Ltd
 5 Railway Parade
 Lithgow NSW 2790

You can also submit your application to Westfund by fax
 Fax: 02 6352 3933

User information

1 Surname	<input type="text"/>	4 Surname	<input type="text"/>
Given names	<input type="text"/>	Given names	<input type="text"/>
Direct Phone	(<input type="text"/>)	Direct Phone	(<input type="text"/>)
Email	<input type="text"/>	Email	<input type="text"/>
2 Surname	<input type="text"/>	5 Surname	<input type="text"/>
Given names	<input type="text"/>	Given names	<input type="text"/>
Direct Phone	(<input type="text"/>)	Direct Phone	(<input type="text"/>)
Email	<input type="text"/>	Email	<input type="text"/>
3 Surname	<input type="text"/>	6 Surname	<input type="text"/>
Given names	<input type="text"/>	Given names	<input type="text"/>
Direct Phone	(<input type="text"/>)	Direct Phone	(<input type="text"/>)
Email	<input type="text"/>	Email	<input type="text"/>

Agreement

*The Hospital agrees to be bound by the terms and conditions of the Westfund **HELPER** system as detailed on the **HELPER** website.*

*The Hospital understands that from time to time these terms and conditions may change and that Westfund may issue new passwords or suspend access to the **HELPER** website at any time. The Hospital will promptly inform Westfund 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 otherwise notified by the Hospital in writing.*

Name (please PRINT)

Title

Signature of authorised representative

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