

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			
Practice Address			
State	Postcode	Provider Number	
If you have more than one practice address, please show the addition locations in section 2			
Medical Speciality 1		Medical Speciality 2	

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			
State	Postcode	Provider Number	
Practice Address			
State	Postcode	Provider Number	
Practice Address			
State	Postcode	Provider Number	

Section 3 - Authorisation

Provider Signature		Date:	
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