HICAPS

New Facility – Provider Details

Thank you for choosing HICAPS, Australia's leading health claiming service.
The following information is necessary for us to arrange pre-completed contracts for the HICAPS/EFTPOS service.

Help desk reference (HICAPS use only)

When completed: Please email to: **hicapssales@hicaps.com.au**

Please complete **ALL** sections:

A Provider Details

Profession/Speciality

Title ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname

Registered company name (If applicable)

Name all Directors/Partners

ABN

Terminal Receipt Name (Please advise the registered trading name to the legal entity that will be detailed on terminal receipt)

Site address

State Post code

Mailing address

State Post code

Practice phone

Mobile number

Fax

E-mail

Please include a copy of Medicare Australia or Medibank Private letter for all providers listed on this application (see below for more detail) when you return your completed contracts.

Medicare Australia provider number is required for: Dentists, Chiropractors Occupational Therapists, Optometrists, Osteopaths, Podiatrists, Psychologists, Clinical Psychologists, Physiotherapists, Speech Pathologists, Exercise Physiologists, Dental Prosthetist, General Practitioner and Nurse Practitioner.

Medibank Private provider number only for: Optical Dispensers

Medibank Private provider number and Association registration certificate required for: Naturopaths, Acupuncturists, Remedial Massage Therapists and Myotherapists.

If you do not hold either a **Medibank** Private provider number and would like to transact via HICAPS as you are registered with other Health Funds for claiming purposes, please call HICAPS on 1800 80 57 80 for further information.

Are you using a Practice Management system (PMS) on your computer?

☐ Yes ☐ No

If YES, please provide name of PMS below.

B Additional Provider Details (All providers at this location who will use this facility)

Given name	Surname	Profession/Speciality	Provider number

C Bank Details (All providers at this location who will utilise the HICAPS Terminal)

Bank name

Account name (for both Debits and Credits)* (including a deposit slip or bank issued statement or letter from your financial institution for the nominated bank account to validate account details)

BSB A/C number

*Please note: This cannot be a online savings account and the account must be able to be credited or debited by a third party.

Do you require a Diners, American Express (AMEX) Japanese Credit Bureau (JCB), linked to your facility via the HICAPS terminal? ☐ Yes ☐ No

For further information please contact your HICAPS sales representative on 1800 80 57 80