

When completed: Fax to us on **1300 725 726** or Mail to GPO Box 84A, Melbourne Vic 3001
Please complete the following in **BLOCK PRINT**

Help Desk reference
(HICAPS use only)

Your Practice Details (*Mandatory fields – as printed on your HICAPS terminal receipt)

Company/Practice Name*	Merchant Number*	Terminal Number(s)*
		S S

Please amend the following details: (Tick box relevant to your request)

- Provider – New/Delete/Amendment (Complete **A, B, C** and **D**)
- Bank Account – Amendment (Complete **B, C** and **D**)
- Change of Mailing Address (**A** and **D**)

A Mailing Address

Street			
Suburb		State	Postcode
Practice Phone	() -	Email	
Practice Fax	() -	Website	

B Provider Details (All New Providers must be accompanied by a copy of the Provider letter)

Title	First Name	Surname	Provider Number*	Speciality**	Please tick as appropriate		
					Amend	New	Delete
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** **Speciality Codes** - General Dentist (112) / Periodontist (143) / Paediatric Dentist (141) / Prosthodontist (139) / Physiotherapist (137) / Dental Prosthetist (270) / Advanced Dental Technician (200) / Endodontist (140) / Oral/Maxillofacial Surgeon (073) / Podiatrist (138) / Chiropractor (135) / Osteopath (136) / Optical Dispenser (250) / Dispensing Optometrist (101) / Psychologist (426) / Occupational Therapist (425) / Dietitian (423) / Remedial Massage Therapist (204) / Myotherapist (205) / Naturopath (202) / Acupuncturist (201) / Speech Pathologist (427) Exercise Physiologist (429) / Clinical Psychologist (640).

***Note: A copy of the letter issuing the Provider Numbers must accompany all 'New Providers' requests**

Chiropractors, Physiotherapists, Dentists (inc Dental Prosthetists), Dieticians, Occupational Therapists, Optometrists, Osteopaths, Podiatrists, Psychologists, Exercise Physiologists and Speech Pathologist – Please provide your **Medicare** Australia letter.

Acupuncturists, Remedial Massage Therapists, Naturopaths and Optical Dispensers – Please provide your **Medibank Private** letter.

Myotherapists – Please provide your **Medibank Private and IRMA** registration letter.

C Bank Details (Must be accompanied by a Deposit Slip for the account/s specified below)

This account is to be used for (please tick)

HICAPS/Health Fund Payments

Note: Please allow up to **4 business days** to process any account change

EFTPOS Settlement

Account Name	Bank Name	BSB	Account Number
		-	

This account is to be used for (please tick)

Fees and Charges (EFTPOS/Rental)

Account Name	Bank Name	BSB	Account Number
		-	

D Authorised signatures (all signatories to the original HICAPS/EFTPOS contracts must sign)

Signature	Signature
Name	Name
Position (circle as applicable) Director / Partner / Sole Trader	Position (circle as applicable) Director / Partner / Sole Trader
Date / /	Date / /