

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 only)

Please amend the following details: (Select and tick box relevant to your request)

1. Provider - New/ Delete/ Amendment (complete **A, B, C, D** and **E**)
2. Bank Account - Amendment (**A, B, C, D** and **E**)
3. Change of Mailing Address (**A, B,** and **E** only)

* **Mandatory fields to be completed. For Merchant Number and Terminal Number please refer to your HICAPS Terminal receipt**

A Your Practice Details*

Company/Practice Name* _____ Merchant Number* _____ Terminal Number* _____

B Mailing Address

_____ State _____ Postcode _____

Practice Phone () _____ Practice Fax () _____ E-mail _____ Website _____

C Provider Details

Title	First Name	Surname	Provider Number	Speciality Code (See codes below)**	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"/>

Important Note: All requests to add 'New Providers' need to be accompanied by the Provider's Medicare Australia/Medibank Private letter.

Chiropractors, Dentists, Dietitians, Occupational Therapists, Optometrists, Osteopaths, Podiatrists, Psychologists, Clinical Psychologists, Physiotherapists, Speech Pathologists, Dental Prosthetists – please provide your **Medicare Australia** provider number. Optical Dispensers, Naturopaths, Acupuncturists, Remedial Massage Therapists – please provide your **Medibank Private** provider number. Myotherapists – please provide your **Medibank Private** Remedial Massage Therapy and IRMA registration letter.

If you do not hold either a **Medicare Australia** or **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 1300 65 08 52 for further information.

** Speciality Codes

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

D Bank Details (Please attach a copy of the deposit slip for appropriate account/s)

This account is to be used for (please tick) **Note:** Please allow up to **4 business days** to process any account change

- HICAPS/Health Fund Payments EFTPOS Settlement

Account name (Please attach a copy of a bank deposit slip) _____ Bank name _____ BSB _____ Account Number _____

This account is to be used for (please tick)

- Fees and charges (EFTPOS/Rental)

Account name (Please attach a copy of a bank deposit slip) _____ Bank name _____ BSB _____ Account Number _____

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

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

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

For further information please contact the HICAPS Help Desk on 1300 65 08 52.