New Facility – Provider Details
Multi Merchant Facility

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 us at Hicapssales@hicaps.com.au or fax to us on **1300 725 726**.
Please complete **all** sections

A Provider Details (This is for a new bank account only)

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 the terminal receipt.

Site address (Location address of Terminal,)

State Post code

Mailing address

State Post code

Phone

Fax

E-mail

MEDICARE Australia provider number is required for Dentist, Dental Prosthetist, Advanced Dental Technician, Physiotherapist, Podiatrist, Chiropractor, Osteopath, Dispensing Optometrist, (Psychologist, Occupational Therapist, Dietitian, Speech Pathologist, Exercise Physiologist, Clinical Psychologist, General Practitioner, Nurse Practitioner.

Please include A copy of Medicare Australia or Medibank Private letter for all providers listed on this application – when you return your completed contracts.

Medibank Provider number only for: Optical Dispenser.

Medibank Provider number and Association registration certificate is required for: Acupuncturist Naturopath, Remedial Massage Therapist, Myotherapist.

If you do not hold 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.

B All new Health Providers using this facility with the below mentioned bank account

Given name	Surname	Profession/Speciality	Existing health Provider		Provider number
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	

C Bank Details (including a deposit slip or bank issued statement or letter from your financial institution for the nominated bank account)

Please note: this account cannot be an online savings account and the account must be able to be credited and debited by a third party

Bank name

Account name (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 the account details.

BSB A/C number

D Multi-Merchant Facilities (MMF) – Please complete this section to add this facility to an existing HICAPS terminal.

Terminal owner/s Declaration

I/we hereby authorise this facility to be added to my/our terminal number S

Signature - **terminal owner/s** Date

Please Note: All signatories to the original HICAPS Equipment Agreement are required to sign.

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