

When completed:

Email: providerservices@hicaps.com.au or
 Fax: 1300 725 726 or Mail: GPO Box 84A, Melbourne Vic 3001

Help Desk reference
 (HICAPS use only)

--	--	--	--	--	--	--	--	--	--

Please tick box relevant to your request:

- Provider – Add provider to existing bank account
 (Please note: A copy of the letter issuing the Provider Number must accompany all 'Add/Amend Provider' requests)
- Move existing provider to another merchant facility (as per bank account stated below)

***Denotes mandatory fields – (details as printed on your current HICAPS terminal receipt)**

A Your Practice Details

Company/Practice Name*		Merchant Number*	Terminal Number(s)*
_____		_____	S _____ _____ _____ _____ _____ _____ _____ _____
Practice Phone	Practice Fax	Email	Web
_____	_____	_____	_____

B Provider Details

Title	First Name	Surname	Provider Number	Speciality**	Please tick		
					Add Provider	Amend Provider	
			_____ _____ _____ _____ _____ _____ _____ _____			<input type="checkbox"/>	<input type="checkbox"/>
			_____ _____ _____ _____ _____ _____ _____ _____			<input type="checkbox"/>	<input type="checkbox"/>
			_____ _____ _____ _____ _____ _____ _____ _____			<input type="checkbox"/>	<input type="checkbox"/>
			_____ _____ _____ _____ _____ _____ _____ _____			<input type="checkbox"/>	<input type="checkbox"/>

Comments – (please describe amendment/s to be made)

Complementary Therapist Details required – i.e Remedial Massage Therapist, Acupuncturist, Naturopath

Provider Name	Australian Association Name le: ATMS, AAMT, ANTA etc	Association Membership Number#

Note: A copy of the letter issuing the Provider Number must accompany all 'New Location Providers' requests.

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

****Speciality Codes –**

MEDICARE Australia provider number is required for General Dentist (112) /Periodontist (143)/ Paediatric Dentist (141)/ Prosthodontist (139) / Endodontist (140)/ Oral/ Maxillofacial Surgeon (073)/Dental Prosthetist (156)/ Advanced Dental Technician(200) /Physiotherapist (137)/ Podiatrist (138)/Chiropractor (135)/ Osteopath (136)/Dispensing Optometrist (101)/Psychologist (426)/Occupational Therapist (425)/Dietitian (423)/Speech Pathologist ((427) Exercise Physiologist(429)/ Clinical Psychologist (640)/ General Practitioner (104) /Nurse Practitioner (651)

Medibank Provider number only for: Optical Dispenser (250)

Medibank Provider number and Association registration certificate is required for: Acupuncturist (201)/Naturopath (202) Remedial Massage Therapist (204)/ Myotherapist (205)

C Bank Details

This account is to be used for

- HICAPS/Health Fund Payments /EFTPOS Settlement/Fees and charges (EFTPOS/Rental)

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

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 (tick as applicable) <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader	Position (tick as applicable) <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader
Date _____ _____ _____	Date _____ _____ _____