

D Authorised signatures

Practice owner/s must complete the details below and sign here.

Signature _____	Name _____	Date ____ / ____ / ____
Signature _____	Name _____	Date ____ / ____ / ____

If you are the owner of your practice but not the Settlement Account, then the **Settlement Account** owner/s must also complete the details below and sign here.

Signature _____	Name _____	Date ____ / ____ / ____
Signature _____	Name _____	Date ____ / ____ / ____

HICAPS Accounts Online Functionality by User Access Level

Access level	Provider/s transactions View & download	Transactions for all providers attached to an account ID View & download	Previous HICAPS Statements & Daily Totals – View & download. Manage statement frequency, type & method (mail/e-mail)	Request to add new providers to HICAPS database system*	Create and upgrade additional HICAPS Accounts Online Users & ID's	Modify Details (mailing address, e-mail etc) Own user details
Level 3	✓	✓	✓	✓	✓	✓
Level 2	✓	✓	✓	✓		✓
Level 1	✓					✓

Medicare Australia or Medibank Private letter required.

PLEASE NOTE: This table is correct at the time of printing. However, over time, HICAPS Accounts Online functionality will be extended/enhanced.