HICAPS

Change of Location/Mailing Address

When completed please return to HICAPS via:
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 below relevant to your request

☐ Change of Location Address (Complete All Sections) ☐ Change of Mailing Address (Complete **A**, **B**, **D** and **F**)

Note: For Multi-Merchant set-up requests each Merchant Facility Owner needs to complete the form separately.
***Denotes mandatory fields – as printed on your current HICAPS terminal receipt)**

A Your Practice Details

Company/Practice Name*

Merchant Number*

Terminal Number*

S

S

B Previous Practice Location

Street

Suburb

State Postcode

C New Practice Location

Street

Suburb

State Postcode

Practice Phone ( )

Practice Fax ( )

Effective Date / /

Email

Website

D New Practice Mailing Address

Street

Suburb

State Postcode

E List of Providers at NEW location

Title	First Name	Surname	Provider Number	Speciality**

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

****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) / Speech Pathologist (427) Exercise Physiologist (429) / Clinical Psychologist (640) / General Practitioner (104) – Please provide your **Medicare** Australia letter.

Acupuncturist (201) / Naturopath (202) / Remedial Massage Therapist (204) / Myotherapist (205) – **Please provide your Medibank Private letter, and Association Registration Certificate.**

F Authorised signatures

We hereby acknowledge that the existing HICAPS and EFTPOS contracts are to continue to be relied upon at the new location.
Signed for and on behalf of the merchant facility owner (all signatories to the original HICAPS/EFTPOS contracts must sign

Signature

Name

Position (tick as applicable)

☐ Director ☐ Partner ☐ Sole Trader

Date / /

Signature

Name

Position (tick as applicable)

☐ Director ☐ Partner ☐ Sole Trader

Date / /