

**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)

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**Please tick box relevant to your request:**

- HICAPS terminal only
- HICAPS Go only
- HICAPS Terminal & HICAPS GO
- 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)*																																							
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Practice Phone	Practice Fax	Email	Web																																								
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**B Provider Details**

Title	First Name	Surname	Provider Number	Speciality**	Please tick												
					Add Provider	Amend Provider											
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**Comments – (please describe amendment/s to be made)**

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

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

Australian Health Practitioner Regulation Agency (AHPRA) -- Please provide you AHPRA registration number

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**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)/ Osteoptath (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 \_\_\_\_\_

Name \_\_\_\_\_

Position (tick as applicable)  
 Director  Partner  Sole Trader

Date  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Position (tick as applicable)  
 Director  Partner  Sole Trader

Date  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_