

## Provider Application Form

New Application       Amended Details

Name of Provider:	
Practice/Company Name:	
Practice/Company Address:	
Postal Address:	
Email Address:	
Practice/Company Phone Number: (    )	Facsimile (    )
Practising Speciality (eg GP, Physio, etc):	
Medicare Provider Number (if applicable):	
Australian Business Number:	

## Electronic Funds Transfer

It is a business requirement of the MAIB that all payments are processed via Electronic Funds Transfer (EFT). A detailed EFT payment remittance advice will be sent electronically to your nominated email address or facsimile number.

### Bank Account Details

Payment can only be made to a bank, building society or credit union account held in the provider's name (and maintained by the provider) either solely, or jointly with another person or organisation.

Bank Name & Address:	
BSB:	Account No:
Account Name:	

EFT Payment Remittance to be sent to:       Email:  
or       Facsimile:

(    )

This advice replaces all previous advices provided to MAIB.

Name of Authorised Person:	Signature:
Title of Authorised Person:	Date:                    /    /

<u>Office Use Only</u>			
Registration Verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials:	Date: