



## Online Claiming Banking Details

Location ID (minor customer ID)

**Note:** This form should only be completed by the Payee Providers of the above stated Location ID.  
If you are also the Payee Provider of a different location, please complete another form with that Location ID.

**For assistance please call the Medicare Australia eBusiness Service Centre on 1800 700 199**

### Part A Practice Details

Practice name	<input type="text"/>		
Practice address	<input type="text"/>		
			Postcode
Contact name	<input type="text"/>	Phone	( <input type="text"/> ) <input type="text"/>

### Part B Bank details for electronic funds transfer for Online Claiming

**Note:** You must complete a separate form for each account that you want funds transferred to.

The following account details are to be used for the providers listed in Part C, effective from  /  /

Account name	<input type="text"/>		
Bank	<input type="text"/>	Branch	<input type="text"/>
BSB no. (six digits)	<input type="text"/>	Account no. (nine digits)	<input type="text"/>

What type of online transactions do you want paid to this account? Tick applicable box/es

Medicare Bulk Bill /DVA Claims  ACIR Claims

### Part C Payee Provider details

Provider name	Provider number	Provider's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please return completed form to:**

Manager  
eBusiness Service Centre  
GPO Box 9822  
In your capital city

**Privacy Note:** The information provided by you on this form will be used by Medicare Australia to register your nominated financial institution details for the purposes of making electronic payments as detailed on this form. Your financial institution account details will be disclosed to the relevant financial institutions to facilitate your request.