



Update Online Claiming — Provider Details

Complete this form if any of the following apply:

- you discover that your Individual Certificate RA number has been incorrectly entered
- you would like to use your Individual Certificate to transact with Medicare Australia’s online claiming channel and you have not yet nominated your Individual Certificate RA number, and/or
- your contact details (e.g. telephone number, mailing address) have changed since your registration was activated.

For assistance please call Medicare Australia’s eBusiness Service Centre on 1800 700 199

PART A Provider details

Name

Title First given name

Middle name(s)

Surname

Medicare Provider number

(Please provide any Provider number issued to you)

<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"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Healthcare Individual Certificate RA number*

(This number is available on the key tag if you have an iKey otherwise it will be printed on your smart card. The RA number must be the number of the Healthcare Individual Certificate belonging to the Provider.)

<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"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

* Please make sure that the name under which your Provider number is registered is the same as the name listed on your Healthcare Individual Certificate. If there is a difference between these names, you will also need to supply a photocopy of an Instrument of Name Change Document (such as a Marriage Certificate or a Deed Poll) that links these names.

Privacy Note: The information you give on this form and the documentation you provide will be used by Medicare Australia to maintain your online claiming registration details.

PART B Contact details

If you wish to change your online claiming contact details please include the new details in the relevant field below.

Address

(The address supplied will be used for any correspondence in relation to this registration and post-claim declaration.)

Suite	Floor
Building	
Street	
City/Suburb	
State	Postcode

Telephone number (during business hours)

()

Fax number

()

Email

Signature

Date

/ /

When you have completed this form, please return it along with any necessary documents to:

Health eSignature Authority
Medicare Australia
Locked Bag 6666
Tuggeranong DC ACT 2901