



# Healthcare Identifiers Service

## Application to amend details of a Contracted Service Provider organisation record

### Important information

Complete this form to add or amend the record details of a Contracted Service Provider (CSP) organisation. You must ensure that the amendments made to a CSP organisation details do not deem the CSP organisation ineligible for ongoing use of a CSP registration number under the Healthcare Identifiers Act 2010.

### Contracted Service Provider organisations

A CSP organisation is an entity that provides information technology services relating to the communication of health information, or provides health information management services under a contract with a healthcare organisation.

The CSP organisation is a legal entity that is registered with the HI Service by the CSP officer.

### CSP amendment

Before the details of a CSP organisation can be amended, it is a requirement that the applicant completes the 'Applicant details' section of this form. The applicant must be an individual linked as a CSP Officer to the CSP organisation being amended.

### Documents required confirming a CSP organisation name change

The CSP officer must provide documentary evidence of a name change for the CSP organisation. Acceptable documentary evidence must include one of the following:

- Certificate of registration of a company issued by the Australian Securities and Investments Commission.
- Strata certificate or registration
- Sale or purchase of business
- Liquidation notice
- A statement of transactions issued by a financial institution in the name of the company, and less than 1 year old.
- Appointment of trustee
- Lease agreement of a business property
- Rates notice of business property
- Certificate of change of name issued by Australian Securities and Investments Commission.
- A document issued by the ATO bearing the company and tax file number.

### Assistance

For more information about the HI Service go to [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) or if you need assistance completing this form email [healthcareidentifiers@humanservices.gov.au](mailto:healthcareidentifiers@humanservices.gov.au) or call **1300 361 457** (call charges will apply).

### Lodgement

Send the completed form and certified copies of the relevant documentation to:

**HI Service**  
**GPO Box 2987**  
**MELBOURNE VIC 3001**

or fax to: **03 9605 7987**

Print in **BLOCK LETTERS**

Tick where applicable

### Office Use Only

CSP organisation documents sighted

## Applicant's details

The applicant must be registered as a CSP officer to the organisation that is being amended.

1 CSP Officer registration number (if known)

2 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

3 Date of birth

4 Sex

Male

Female

5 Address

  

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6 Daytime phone number

## CSP identifier and name of CSP organisation to be amended

7 CSP organisation registration number

Current CSP organisation name

## Amend CSP organisation details

8 I would like to (tick one only):

Remove, add or amend CSP organisation name details  **Go to 9**

Remove, add or amend CSP organisation address details  **Go to 14**

Remove, add or amend CSP organisation contact details  **Go to 17**

## CSP organisation name details

9 I would like to (tick one only):

Remove name details  **Complete 10**

**Note:** if you have more than one name recorded you may choose to remove one of them

Add name details  **Complete 11 to 13**

Amend name details  **Complete 10 to 13**

## Existing name details

10 CSP organisation name

## New name details

11 New CSP organisation name

Tick your preferred name

Trading name (if different from above)

12 Enter the date of the CSP organisation name change.

13 CSP organisation's ABN or ACN

ABN

OR

ACN

OR

Other

**Go to 20**

## CSPs address details

14 I would like to (tick one only):

Remove address details  **Complete 15**

**Note:** if you have more than one address recorded you may choose to remove one of them

Add address details  **Complete 16**

Amend address details  **Complete 15 to 16**

## Existing address details

15 Business address

  

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Postal address (if different to above)

  

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## New address details

16 Business address

Tick your preferred address

  

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