



Health fund—electronic funds transfer (EFT) registration form

Please complete this form and return it to:

The Manager
Software Vendor Helpdesk
Medicare Australia
PO Box 1001
Tuggeranong DC ACT 2901

Fax: 02 6124 6633
Phone: 1300 550 115
Email: edihelp@medicareaustralia.gov.au

1. Private health fund information

Health fund name:

.....

Health fund location (minor) ID:

ABN number:

Note: the location (minor) ID is the site ID (three alpha, five numeric) number.

2. Address information

Physical address of the health fund:

.....

.....

..... State: Postcode:

Postal address for the *Medicare benefits statement* (if different to above):

.....

.....

..... State: Postcode:

3. Contact person (contact person for all payment enquiries)

Name:

Position:

Phone: (.....) Fax: (.....)

Email:

4. Bank details for electronic funds transfer (EFT)

Bank account name:

Account number: BSB (branch) number:

Bank:

Note: Medicare payment times are made in accordance with the Commonwealth Government's minimum payment times.

5. Declaration

I declare that to my knowledge, all information provided on this form is true and correct. I agree to inform Medicare Australia, without delay, of changes to the health fund's bank details, or other relevant information.

I am authorised to sign this agreement for and on behalf of the health fund.

Signature: Date:

Name: Position:
(Please print)

Medicare Australia office use only

Processing date: Processed by:

Operator ID: Source office code: