



## Highly Specialised Drugs program State or territory health department bank account details

### Important information

State or territory health departments should use this form to register bank account details for payments made under the Highly Specialised Drugs program.

Medicare Australia must be notified in writing of changes to bank account details at least 30 working days before the change takes effect.

### Assistance

If you need assistance completing this form call **1800 700 270** (call charges may apply) and select option 5 or go to **www.medicareaustralia.gov.au**

### Lodgement

Send the completed form to:

**HSD in Public Hospitals Program  
GPO Box 9822  
Hobart TAS 7001**

or fax to: **1300 093 177**

Print in **BLOCK LETTERS**

Tick where applicable

### State or territory health department details

1 State or territory health department name

2 Address  
  
  
 Postcode

### Authorised person's details

3 Dr  Mr  Mrs  Miss  Ms  Other   
Family name  
  
First given name

4 Position held

5 Phone number  
  
Email

### Bank account details

6 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)  
 -

Account number (this may not be the card number)

Account name

### Declaration

- 7 I declare that:
- I am the authorised person for a state or territory health department
  - the information on this form is correct.
- I authorise for:
- payments to be made into the above account.

Authorised person's signature

Date