

PART 1 PRACTITIONER DETAILS – change of location details

**These details are mandatory*

Provider Name* Provider Number*

Practice Name*

Practice Address*

Practice Telephone* Practice Fax

Practice Email*

If more than one provider number/practice location please complete the second page of this form

PART 2 BILLING DETAILS – change of banking/EFT details

Financial Institution Name

Branch Address

Account Name

BSB Number* (must be 6 digits) Account Number*

PART 3 NOTIFICATION of ceased provider/location

Provider Name Provider Number

Area of Speciality

Practice Name

Practice Address

PART 4 DECLARATION

I declare that by completing this form I am agreeing to the terms and conditions of the GapCover scheme.

If changing account details, I authorise Medibank Private and ahm Health Insurance to keep a record of the above account details and to use for the purposes of allowing electronic funds transfer directly to the nominated account details for the payment of claims for eligible members. Neither Medibank Private nor ahm Health Insurance will accept responsibility for payment if the account details provided are incorrect. For any changes to account details a minimum 14 days written notice is required.

Authorised Signature Date

Please see 2nd page
for additional locations



Please return the completed
form by fax to: **03 8456 6250**

CHANGE OF DETAILS ADDITIONAL PRACTICE LOCATIONS

Provider Name Provider Number

Area of Speciality

Practice Name

Practice Address

Practice Telephone Practice Fax

Provider Name Provider Number

Area of Speciality

Practice Name

Practice Address

Practice Telephone Practice Fax

Provider Name Provider Number

Area of Speciality

Practice Name

Practice Address

Practice Telephone Practice Fax

Provider Name Provider Number

Area of Speciality

Practice Name

Practice Address

Practice Telephone Practice Fax

Provider Name Provider Number

Area of Speciality

Practice Name

Practice Address

Practice Telephone Practice Fax

Please note that the same bank account details will be recorded for each location unless otherwise indicated.

Medibank Private Limited ABN 47 080 890 259
ahm by Medibank is a business of Medibank Private Ltd ABN 47 080 890 259.
'ahm by Medibank', 'ahm Health Insurance' and 'ahm' are references to Medibank Private Ltd trading as ahm by Medibank.

