

Provider Details for Paygroup Link



Provider name

Provider number

Provider address

Postcode

Please indicate if you require all your current locations linked to this paygroup address (tick)

If yes, please supply provider numbers for all locations to be linked

Please tick which payment solution you wish to have: EFT CHEQUE

Please submit my statement of benefits to the following address

Mailing address

Postcode

Payee name (cheques will be made payable to this name)

Contact name (for all paygroup enquiries)

Phone number ()

Provider signature

Please fax completed form back to Medibank Private on (03) 8456 6250

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