

# BATCH HEADER

## Medical Purchaser Provider Agreement

**Please ensure all fields below are completed**

Billing Entity Name

Billing Entity Number

Lodgement Date        /        /        Total number of claims        *(maximum 40 claims per batch)*

Medical Speciality/Type

**Please post accounts to:**

Medical Billing  
Medibank Private  
GPO Box 2984  
Melbourne VIC 3001

**For any queries regarding  
accounts, please contact:**

Provider Enquiry  
Line **1300 130 460**