

# MPPA BILLING CHANNEL

## Change of Details Form

Any change to details must be completed by the Billing Entity contact or the account contact

### Billing Entity name

### Billing Entity number

Please complete only those fields which are applicable for changes

### Billing Entity postal address

Street Name & Number

Suburb State Postcode

Postal address

Suburb State Postcode

### Billing Entity contact details (eg. Business Manager)

First name Surname Title

Email

Telephone/mobile Fax Number

### Billing Entity account contact details – for account administration purposes, please supply if different from above

First name Surname Title

Email

Telephone/mobile Fax Number

### Bank details – for payment of benefits

Bank

BSB Number (must be 6 digits) Account Number

### Completion details

Please email completed form to [mppa@medibank.com.au](mailto:mppa@medibank.com.au)