Eclipse Activation Request Form

Provider Details

Hospital or Practice Name

(Insert text)

Provider Number

Street Address Line 1

Street Address Line 2

City

State

Post Code

Payment Details

Branch Number

Account Number

Account Name

E-mail Address

The e-mail address provided will be used to receipt claim responses relating to claim re-assessments.

Electronic Remittance Advice (ERA) will be issued approximately 21 days from the date of receipt of the first claim as per your contract terms.

Authorised Contact

Contact Name

Position Title

Phone Number

Please submit this form to medibankhospital.network@medibank.com.au and CC your Hospital Contract & Relationship Manager.