

Phone: 1300 002 839 / 03 9587 9631 Post: P.O. Box 5052 Mordialloc 3195 VIC Fax: 03 9587 9634 Email: lyn@ausmbs.com.au

REGISTRATION FORM

DETAILS								
Title	Surname							
First Name						Gender I	M 🗌 F	
Address								
Mobile			Fax					
Phone			Email					
Qualifications			Speciality(ies)				
ABN								
PROVIDER DETAILS Please tick the box below if the provider number listed is already registered for billing with the health funds. Provider Number Location Address Tick Box Image: I								
BANKING DET	AILS (All Health Fund	payments will be depo	sited direct	ly into y	our bank accou	nt)		
Bank Name				Br	anch			
Account Name								

Account Number

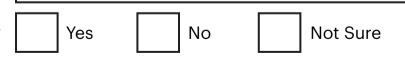
Do you need us to complete your Health Fund Registration?

BSB

Yes No

If you are already registered what is your BUPA Practice ID number

Do you currently have a No Gap Agreement with any Health funds?



SIGNATURE (I hereby request to be registered as client of 'Australian Medical Billing Service')

Name	
Signature	

Please return your completed registration form to 'Australian Medical Billing Service'By Mail:P.O Box 5052 Mordialloc VIC 3195By email: lyn@ausmbs.com.auBy Fax:03 9587 9634

Please contact us on 1300 002 839 if you require further information.