AUSTRALIAN MEDICAL
BILLING SERVICE

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 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
		☐
		☐
		☐
		☐
		☐
		☐

BANKING DETAILS (All Health Fund payments will be deposited directly into your bank account)

Bank Name ____ Branch ____

Account Name ____

BSB ____ Account Number ____

Do you need us to complete your Health Fund Registration? ☐ 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? ☐ Yes ☐ No ☐ Not Sure

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 3195**
By Fax: **03 9587 9634**
By email: lyn@**ausmbs.com.au**

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