Provider direct credit information

Providing or updating your banking and contact details for your HCi registration is easy!
As a medical provider registered with Medicare, just complete your details below, then send this form to us at enquiries@hciltd.com.au.

If you are registered with AHSA, please notify them of any updates or changes – our records will update automatically.

Business details (*Required field)

Business trading name*

ABN*

Practice address (including postcode)*

Postal address (including postcode)*

Email address to receive remittance advice information*

Phone*

Website

Health provider details

Please provide the name of the person(s) providing the treatment - if there is more than one to be registered, please add their details on the reverse of this form.

Family name

Given name(s)

Title

Accreditation registration number

Direct credit registration

Name of financial institution

Name of account

BSB number

Account number

Declaration

☐ I/We consent to HCi retaining my contact and benefit payment details as provided above for payment of all future claims.

☐ I/We have read, understand and will abide by HCi's Terms and Conditions for Recognised Providers.

☐ I certify that the information provided above is true and complete. I/We continue to accept full responsibility for maintaining the accuracy of this information with HCi.

Applicant's signature

Date

dd / mm / yyyy