

CSC HealthClaims

Additional Provider Details



Please supply banking details for all practitioners you will include in the practitioner list on your HealthPoint device. Health Fund payments for claims submitted with HealthPoint will be credited to the account of the practitioner who provided the service, or their payee.

Merchant ID

Terminal ID

Could you please supply a copy of the HIC confirmation letter, This will enable us to provide a quick and accurate registration with the Health Funds.

Section 1 – Your Practice Details

Practice Name

Practice Administrator

Title	First Name	Last Name	Contact Telephone
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Section 2 – Complete One Section for Each Practitioner

1 Add Details Change Details Delete Details

Name of Provider: Title First Name Last Name

Name of Account: Modality:

SUN Provider Number BSB Number Account Number

2 Add Details Change Details Delete Details

Name of Provider: Title First Name Last Name

Name of Account: Modality:

SUN Provider Number BSB Number Account Number

3 Add Details Change Details Delete Details

Name of Provider: Title First Name Last Name

Name of Account: Modality:

SUN Provider Number BSB Number Account Number

4 Add Details Change Details Delete Details

Name of Provider: Title First Name Last Name

Name of Account: Modality:

SUN Provider Number BSB Number Account Number

Section 3 – Where Do You Want Billing and Health Funds Statements to be sent?

(Tick one box)

- To the address supplied on my application for HealthPoint
- To the following address:

Organisation Name

Organisation Address

Suburb / Town	State	Postcode
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Section 4 – Signature

This form must be signed by a person with authority to sign and provide bank details for all providers listed. CSC will provide these details to participating health funds

Signature

Print Name

Title

Date

SEND THIS APPLICATION AND ANY ADDITIONAL FORMS TO:
 CSC eHealth Solutions, P.O. BOX A100, Sydney South, NSW 1235
 OR FAX THEM TO **1800 500 874**