

- 8** Indicate the claiming method(s) used at this practice
 Manual Medicare Online Medicare Easyclaim
 Australian Immunisation Register
 Minor ID (location ID) if applicable

 Medicare Easyclaim EFTPOS provider (if applicable)

Australian Immunisation Register (if applicable)
 Do you want to register your software to transact with the Australian Immunisation Register?
 No
 Yes Is this an additional software product that you wish to register? (for example, additional to a Medicare/PBS software product)
 No Yes
- 9** Is this location an Aboriginal or Torres Strait Islander health service?
 No
 Yes

Bank account details

All payments are made through Electronic Funds Transfer (EFT) and **cannot** be made into credit card, loan or mortgage accounts.

- 10** Name of bank, building society or credit union

 Branch number (BSB)

 Account number (this may not be the card number)

 Account held in the name(s) of

11 Would you like payments for Australian Immunisation Register Online services made to this account?
 No
 Yes
 If you claim manually for the Australian Immunisation Register and you need to change your bank details, please complete the **Australian Immunisation Register Bank account details for vaccination providers (IM005)** form.
12 Do you need to register a second practice location for EFT payments?
 No **Go to 18**
 Yes

Practice location 2 details

- 13** Provide details for practice location 2

Medicare provider number

 or
 Other vaccination provider number (AIR only)

 Address

 Postcode

 Indicate the claiming method(s) used at this practice
 Manual Medicare Online Medicare Easyclaim
 Australian Immunisation Register
 Minor ID (location ID) if applicable

 Medicare Easyclaim EFTPOS provider (if applicable)

 Australian Immunisation Register (if applicable)
 Do you want to register your software to transact with the Australian Immunisation Register?
 No
 Yes Is this an additional software product that you wish to register? (for example, additional to a Medicare/PBS software product)
 No Yes
 Is this location an Aboriginal or Torres Strait Islander health service?
 No Yes

Practice location 2 bank account details

- 14** Provide bank account details for practice location 2

Are the bank account details for the provider number listed at practice location 2 identified in question 10?
 No Complete bank account details below for the additional provider number.
 Yes The bank account details in question 10 will be recorded for the additional provider number. **Go to 15**
 All payments are made through EFT.
 Name of bank, building society or credit union

 Branch number (BSB)
 Account number (this may not be the card number)

 Account held in the name(s) of

 Would you like payments for Australian Immunisation Register services made to this account?
 No Yes

15 Do you need to register a third practice location for EFT payments?

No **Go to 18**

Yes

Practice location 3 details

16 Provide details for practice location 3

Medicare provider number

or

Other vaccination provider number (AIR only)

Address

Postcode

Indicate the claiming method(s) used at this practice

Manual Medicare Online Medicare Easyclaim

Australian Immunisation Register

Minor ID (location ID) if applicable

Medicare Easyclaim EFTPOS provider (if applicable)

Australian Immunisation Register (if applicable)

Do you want to register your software to transact with the Australian Immunisation Register?

No

Yes Is this an additional software product that you wish to register? (for example, additional to a Medicare/PBS software product)

No Yes

Is this location an Aboriginal or Torres Strait Islander health service?

No Yes

Practice location 3 bank account details

17 Provide bank account details for practice location 3

Are the bank account details for the provider number listed at practice location 3 identified in question 10?

No Complete bank account details below for the additional provider number.

Yes The bank account details in question 10 will be recorded for the additional provider number. **Go to 18**

All payments are made through EFT.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Would you like payments for Australian Immunisation Register services made to this account?

No Yes



If you have more than 3 practice locations, provide copies of page 3 of this form, with their details.

18 Indicate the total number of pages you are submitting, including this page.

Privacy notice

19 The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

20 I declare that:

- the information I have provided in this form is complete and correct.

I acknowledge that:

- payment(s) related to my provider number(s) for the location(s) where I practice as identified on this form, including any additional practice locations attached to this form, will be paid to the bank account details I have nominated
- Services Australia may contact me to confirm these details for security or clarification purposes.

I undertake to:

- immediately notify my Pay Group(s) or Third Party payee(s) of any current and/or future Notice(s) issued on Services Australia to garnish or intercept payments due to me or my provider number(s).

I understand that:

- giving false or misleading information is a serious offence.

Provider's full name

Provider's signature

Date

Returning this form

Return this form and any supporting documents:

- **by post to:**
Services Australia
The Manager
Medicare Provider Services
GPO Box 9822
MELBOURNE VIC 3000
- by email to: **provider.forms@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- by fax to: **1300 505 866**