

Ancillary providers – change of nominated bank account

The form can be completed online by typing in the fields below. Once completed please return by email to provreg@hbf.com.au. Alternatively, the form can be returned by mail to GPO Box C101 Perth WA 6809.

If you require any assistance completing this form, please contact the Provider Support Team on (08) 9265 6125 or email provreg@hbf.com.au.

Refer to our Collection Statement: Providers / Health Practitioners for details as to how we collect, use and disclosure personal information of health practitioners and other healthcare providers.

1 **Provider details** *These details are mandatory

Full name of Provider*

List all provider numbers to be updated*

I authorise HBF to credit my nominated account with benefit entitlements arising from health insurance claims for these provider numbers.

2 **Direct credit payment details**

Name of financial institution

Branch where account is held

Branch number (BSB)

Account number

Account held in the name(s) of

Declaration

I have read and accept the HBF Collection Statement: Providers / Health Practitioners.

Name

Signature

Date

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