

Payment Account Details for Service Provider Form

When to use this form

This form must be completed by a Service Provider (e.g. a sole trader or employer) in order to receive payments for notification of information to the National Bowel Cancer Screening Program Register (the Register).

The details provided will be used to make payments for complete information forms received. All payments will be made to the bank account nominated on this form. One form is to be completed for each provider number.

Re-ordering details

If you require additional copies of this form please contact the National Bowel Cancer Screening Program **Information Line** on **1800 118 868**.

Instructions

Once completed please lodge the form by either faxing to **(03) 6281 0554** or by attaching an address label (provided in your information kit) to an envelope and mailing to the Register, operated by Medicare Australia.

Privacy note

The information provided by you on this form will be used by Medicare Australia to identify your nominated bank account details for the purpose of making electronic payments by the Register. Details of your bank account will be disclosed to the relevant bank/institution to facilitate payment.

1 Provider details

Provider name

Provider number

Practice telephone number

2 Bank details for electronic funds transfer

Please make payment to the bank account I have previously nominated for receipt of payment from Medicare (not applicable for hospitals)

OR

Please make payment to the following account

Account name

Account number BSB number

Bank/Institution

3 ABN details

Yes I have a current Recipient Created Tax Invoice (RCTI) agreement in place with Medicare Australia and have previously provided an ABN linked to the provider number nominated for payment on this form. I wish to use this ABN for the National Bowel Cancer Screening Program information payments, and the ABN is

No I do not have a current Recipient Created Tax Invoice (RCTI) agreement in place with Medicare Australia.



You will need to notify Medicare Australia of your ABN by completing the form *Notification of ABN and Medicare Australia Reference IDs for tax treatment purposes and Recipient Created Tax Invoice (RCTI) Agreement*. You can obtain this form by downloading from www.medicareaustralia.gov.au/providers or by contacting **1800 653 629** (freecall).

4 Declaration

I hereby authorise Medicare Australia to direct all payments, relating to notification of information to the National Bowel Cancer Screening Program Register for the Provider Number listed above on this form, to the above-named bank account. I declare that, to the best of my knowledge, all information provided is true and correct.

Name

Signed Dated / /