



Online Claiming Practice Details

This form should be completed for each practice location that will be transacting with Medicare Australia via the online claiming channel **prior to the practice's first online transmission to Medicare Australia**. This form should also be used to provide new or updated details for a practice location.

PART A Practice details

Location ID

(Minor customer ID) (the eight character alpha-numeric code supplied by your software vendor)

Practice name (may be trading name)

Practice street address

Suite	Floor
Building	
Street	
City/suburb	
State	Postcode

Practice mailing address

Suite	Floor
Building	
Street	
City/suburb	
State	Postcode

Practice telephone number

Practice fax number

Practice email

ABN

(For the purpose of receiving the Online Grant payment if eligible)

Practice Internet Service Provider

Type of internet connection

Dial up Broadband

PART B Practice contact person

The practice contact person is the person who will manage the practice's day-to-day participation in online claiming.

Contact name

Contact telephone number

(if different from practice telephone number)

Once completed please return this form to:

Manager
eBusiness Service Centre
GPO Box 9822
In your capital city

If you need assistance to complete this form or details to return this form by fax please call Medicare Australia eBusiness Service Centre on 1800 700 199.

Privacy Note: The information provided by you on this form will be used by Medicare Australia to contact your practice in regard to online claiming, and to make Online Grant payments if applicable.