Direct billing registration for medical practitioners

Important: if you are registered for nib MediGap, nib GapSure Anaesthetics and/or the GU Health Medical Gap network, please update your details directly with Honeysuckle Health at **register.honeysucklehealth.com.au/for-providers/medical-network-registration/**. If you complete this form and register for direct billing, you will be deregistered from these networks.

This form provides nib health funds with information to allow payment of benefits by Electronic Funds Transfer (EFT) to a nominated bank account. This information will be used to pay benefits where the patient is a member of nib or **nib partner brands**.

Please note: it is your responsibility to ensure your bank and address details are kept up to date with nib.

Please see our privacy policy at **nib.com.au** for information on how we collect, use and disclose your information, and how you can access or correct your personal information or make a privacy compliant.

Provider details

nib will use these details to register a provider for direct billing.

I would like to register for direct billing with:

☐ nib only ☐ GU Health only ☐ Both

Provider name

Provider number(s)

Medical specialty

How can nib contact you?

nib will use these details to make contact about a claim and with important information about nib. If the authorised representative is someone other than the provider themselves nib will assume this person has authority to act on behalf of the provider in all matters relating to nib.

Authorised representative (name) Job title

Contact phone Contact email (mandatory)

Postal address

Suburb State Postcode

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Electronic Funds Transfer Payment Details (this information is used for the payment of claims and is treated in strict confidence)

BSB number – Account number Account name

Provider's Authorisation (this section needs to be signed by the registering provider)

I declare that this information is correct and I give my authorised representative (if applicable) authority to act on my behalf. I authorise nib health funds to directly transfer payments via EFT into the account nominated above.

Provider's signature Date

Need help?

Visit: **nib.com.au/providers**

Please return your completed form via

Email: **directbilling@nib.com.au**