

# Provider change of details form

**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/](https://register.honeysucklehealth.com.au/for-providers/medical-network-registration/). You can also register for these networks using this link.

If you're wanting to register for direct billing, please complete the form at [nib.com.au/docs/direct-billing](https://nib.com.au/docs/direct-billing).

Use this form if you are a hospital, non-network medical provider or Health Care @ Home provider to add or update your details only.

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

Please see our privacy policy at [nib.com.au](https://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

Provider name

Provider number

Provider email address (email address provided will be used for emailed remittances)

Practice phone number

Practice address

Suburb

State

Postcode

## Account details

I authorise nib health funds to directly transfer payments via EFT into the account nominated below.

Account name

BSB number

Account number

-

Do the above details relate to any additional provider numbers?

Yes No

If yes, please list ALL additional provider numbers these bank details will apply to (if applicable)

Date this payment detail change/addition is to take effect

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## Authorisation

Name

Title

Contact phone number

Signature

Date

I hereby consent to nib health funds informing that I am an authorised representative of the provider.



### Need help?

Visit: [nib.com.au/providers](https://nib.com.au/providers)



### Please return your completed form via

Email: [providers@nib.com.au](mailto:providers@nib.com.au)