



Direct Billing for Medical Practitioners

This form provides nib Health Funds with information to allow payment of benefits by Electronic Funds Transfer (EFT) to a nominated bank account or to correct or update details of an existing account.

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

Details provided on this form – including provider name, medical specialty, practice address, practice phone number, practice email may be made available via our website at **nib.com.au** and other communication channels for nib customers and may also be provided to referring General Practitioners. By requesting direct billing, you are agreeing to nib making information about your practice available to our customers.

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 or to correct or update existing details.

Provider Name

Provider Number(s)

Medical Specialty

I would like to: Register for Direct Billing Update details

How do nib customers find you?

nib may publish these details, along with provider name and medical specialty, to help nib customers find registered practitioners and their consulting rooms. If there is no practice address or consulting rooms, or you do not wish to provide these details, please leave blank.

Practice Address
Suburb State Postcode

Practice Phone Practice Email (Optional)

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

Please note: nib will, where possible, direct communications to the authorised representative. If the provider also wishes to be included in important updates from nib please provide their email.

Provider's Email

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

BSB -

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?

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

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

Call us on **1800 175 377** Mon-Fri: 9am – 5pm (AEST)

nib Provider Relations

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