



Your health's
best friend

Provider Details Update Request Form

Provider Details

Provider number

Provider name(s)

Surname

Street number and name

Suburb

State or territory

Postcode

Date of birth (DD/MM/YYYY)

Email address

Telephone number

Mobile

Home

Work

Direct Credit Benefit Payment

Please update my benefit payment details for all future benefits (please tick)

Account name

BSB

Account number

Declaration

I authorise HIF to update my contact and benefit payment details, as per the above information.

I agree to this declaration

Yes

Date (DD/MM/YY)

Type your full name in the box below to sign this document electronically.

Need help? Call us on 1300 13 40 60 [email hello@hif.com.au](mailto:hello@hif.com.au)

Health Insurance Fund of Australia Ltd (HIF)

ACN 128 302 161 | An Australian public company limited by guarantee. | A registered private health insurer.