

Provider Update Request

Current Provider details

Provider number*:

First name:

Surname:

Street address*:

Suburb*:

State*:

Postcode*:

Email:

Telephone*:

*denotes mandatory field to verify your details in our system

New Provider details

Provider number:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Email:

Telephone:

Direct Credit Registration

I/We consent to HIF updating my/our payment details to direct credit for all future claims payments. *(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 acknowledge that any information provided herein will be used in accordance with the HIF Privacy policy (hif.com.au/privacy).

Signature:

Date:

Type your full name here to sign electronically.

Once you have completed the form, please email it to us at providerupdates@hif.com.au or mail to HIF, Whadjuk Country, GPO Box X2221, Perth WA 6847