



# Payment Account Details for Service Provider Form

### When to use this form

This form must be completed by one Service Provider (e.g. a sole trader or employer) in order to receive payments from the National Bowel Cancer Screening Program.

The details provided will be used to make payments for completed information forms received. All payments will be made to the bank account nominated on this form.

Only one bank account can be provided on this form. If you require a different bank account for one or more of the locations from which you practise, you will need to submit a separate form for each bank account.

### Lodgement

The completed form can be sent by free fax to (02) 6113 8314.

### Privacy note

The NCSR is authorised to collect information under the *Privacy Act 1988 (Cth)* and the *National Cancer Screening Register Act 2016*. The NCSR collects information about you and other healthcare providers from the Department of Human Services and others for the purpose of verifying your identity and communicating with you.

The NCSR also collects information directly from you. Your personal information may be used by the NCSR or the Commonwealth Department of Health, or given to other parties to provide you with healthcare, for the purpose of research, investigation or where it is required or authorised by or under an Australian law or a court or tribunal order.

For more information on how your personal information may be used as part of the NCSR, you can view the Department of Health's Privacy Policy online at [www.health.gov.au](http://www.health.gov.au) and the NCSR Privacy Statement online at [www.ncsr.gov.au](http://www.ncsr.gov.au)

## 1 Provider details

Provider name																														
Practice telephone number							If you practise at more than one location, record the telephone/facsimile number of your principal practice																							
Practice facsimile number																														

## 2 Provider number/s and ABN/s

Note: Only details of one service provider and one bank account can be provided on this form. You may practise at more than one location. Locations are denoted by the last two characters in the provider number, for example 123456**AB** or 123456**7K**. If you practise at more than one location and wish payments to be made into a different bank account for one or more of your locations, you will need to complete a separate form for each bank account. Information payments are to be made into the bank account nominated in section 3 for the following provider number/s:

Provider number	ABN for payments	
		Attach an additional sheet to list further provider numbers.

## 3 Bank details for electronic funds transfer

Account name																														
BSB number					-					Account number																				
Bank/Institution																														

## 4 Declaration and consent

I am the provider recorded in section 1 of this form and hereby authorise the Department of Health to direct all payments, relating to notification of information to the National Cancer Screening Register for my provider number/s listed above on this form, to the abovenamed bank account.

Provider's name																														
Provider's signature											Date	/		/																