NATIONAL BOWELCANCER SCREENING PROGRAM

Payment Account Details for Service Provider Form

Australian Government

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.

For additional copies of this form, please contact the National Bowel Cancer Screening Program Information Line on 1800 118 868.

Privacy note

Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

Lodgement: The completed form can be sent by free fax to 1800 115 062 or mailed to NBSCP Register, Reply Paid 83061 HOBART TAS 7001.

❶ Provider details

Provider name

Practice telephone number

Practice facsimile number

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

❷ 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	Provider number	ABN for payments

Attach an additional sheet to list further provider numbers.

If the Department of Human Services' records show the provider number is not linked to the ABN recorded above, or is linked to a different ABN, you will be sent an ABN/RCTI form to update your record. Information payments cannot be made against a provider number that does not have an ABN linked unless the provider has submitted an ABN/RCTI form indicating they are tax exempt. You can request an ABN/RCTI form be sent to you by contacting the Department of Human Services on **1800 653 629** (freecall).

❸ Bank details for electronic funds transfer

Account name

BSB number

Account number

Bank/Institution

❹ Declaration and consent

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

Where my Medicare provider details have been previously collected by one part of the Department of Human Services, I consent to my Medicare provider details being recorded and used by another part of the Department of Human Services, for the purpose of registering to receive program payments and for the issuing of payment statements from the National Bowel Cancer Screening Program.

Provider's name

Provider's signature

Date / /