HealthPoint HealthClaims
Provider Details Form

Please return this application to Tyro Payments Email to am@tyro.com

Important Note – if you are adding a *New Provider, or updating a Provider Number* for your HealthPoint terminal you must also supply the provider's **Medicare Australia Provider Letter / HPOS Printout** or **Medibank Private** letter as applicable **(refer to page 2 for details)**, this will enable us to provide quick and accurate registration with the Health Funds. Allow 2-3 working days for the processing of this application. (**Note**: this timeframe does not apply to all Health Funds, some may take longer to process registration details.)

Please tick box relevant to your request:

1. ☐ **Amend Provider Details** 2. ☐ **Change Bank Account Details** 3. ☐ **Change Mailing Address Details**

Section 1 – Your Practice Details

*Customer ID can be located on Health Claim receipt and must be supplied

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Practice Name

Practice Administrator

Title	First Name	Last Name	Contact Telephone

Section 2 – Provider Details (All Areas must be completed)

1 ☐ Add Details* ☐ Change Details* ☐ Delete Details

**Provider letter required if adding or changing provider number

Title	First Name	Last Name

2 ☐ Add Details* ☐ Change Details* ☐ Delete Details

**Provider letter required if adding or changing provider number

Title	First Name	Last Name

3 ☐ Add Details* ☐ Change Details* ☐ Delete Details

**Provider letter required if adding or changing provider number

Title	First Name	Last Name

4 ☐ Add Details* ☐ Change Details* ☐ Delete Details

**Provider letter required if adding or changing provider number

Title	First Name	Last Name

Section 3 – Mailing Address for Billing and Health Fund Statements

Street Name	Suburb / Town	State	Postcode

Email

Section 4 – Authorised Signature

This form must be signed by a person with authority to sign and provide bank details for all providers listed. DXC

Signature

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