NATIONAL BILLING SERVICES PTY LIMITED
APPLICATION FORM

If you are billing under the no-gap system only you do not need to complete Page

Title	Surname	First/Other Name(s)	Preferred Name
Speciality & Qualifications		Phone Numbers - Please indicate the number you would prefer to be contacted on	
		Work	D.O.B
		Mobile	Email
		AHPRA number:	
		Pager	Other
		(circle a number that you are happy for a patient to call if the need arises)	
Company Name (if applicable)		Company ACN (if applicable)	
		Company/Personal ABN	
Postal Address			
Practice Address			
Name of Bank		Branch Address	
BSB(6 digits)	Account Number	Type of Account (Cheque/Business Account)	Name/s on Account

Hospitals where you provide services that NBS will support

Hospital Name	Your provider number @ hospital	Hospitals Provider number
Pensioner Policy	Estimated Patients per month	Do you require any other services

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Account Formats for Military/workers comp/third party accounts leave blank if you are happy with standard billing practices
Other types of accounts/bills you may require that have not been detailed in the information pack. If you are happy with those listed in the information pack please leave blank.
Reports required other than those that will be sent each week as listed in the information pack
Debt default policy - do not complete if only billing under no-gap system
Do you give NBS permission to sign on your behalf when dealing with billing/registration forms from funds/agencies YES ___ NO ___ SIGN:
How do you attend to pay NBS: