

Provider Change of Details



This form should only be used if a Participating Provider or General Treatment Provider is already registered with Health Partners.

If a General Treatment Provider is wanting to register for recognition with Health Partners, or an existing registered practice wishes to register additional practitioners, the 'General Treatment Provider Recognition' form in the Provider section of the website should be used.

Change of Business/Trading Name

Old	New
.....
.....
.....
ABN	ABN
_ _ _ _ _	_ _ _ _ _

Is this a change to the legal entity of the business also? Yes No

If you are a Participating Pharmacy and ticked 'Yes', we will contact you shortly as a new 'Notification of Exclusive Dealing' form will need to be submitted to the Australian Competition and Consumer Commission. There is no need to fill out any further details on this form aside from the declaration.

Change in Proprietors

Remove	Add
.....
.....
.....

Change of Address

Old	New
.....
.....
.....

Additional Practice(s)/Branch(s)

Addition #1	Addition #2
.....
.....
.....

Change of Banking Details (Pharmacies only)

BSB	BSB
.....
Account No	Account No
.....
Account Name	Account Name
.....

Declaration *(please tick)*

- The above changes are effective from / /
- I am authorised to make these changes.

Full name
.....

Position in company
.....

Phone (work) (mobile)

Date / / Signature