

# Notification of bank account details for an approved medical practitioner

## **Purpose of this form**

Complete this form to update or provide your banking details to the Australian Government Department of Health (the Department) for payments made through claiming for Pharmaceutical Benefits Scheme (PBS).

You will need to allow **10 working days** for the change to take effect.

#### For more information

Go to www.health.gov.au/pbsapprovedsuppliers.

For assistance completing this form, call **02 6289 2419** (call charges may apply) or email **pbsapprovedsuppliers@health.gov.au** and a departmental officer will contact you.

## **Returning your form**

Check that all required questions are answered and that the form is signed and dated.

This notification form must be lodged through the Health Data Portal dataportal.health.gov.au.

For further information on how to lodge your form visit **www.health.gov.au/pbsapprovedsuppliers**. Please do **not** email your form as emailed forms may not be processed.

### Privacy and your personal information

Personal information is protected by law, including the *Privacy Act* 1988.

Personal information is being collected in this form by the Department for the purposes of processing your notification of an approved medical practitioner's bank account details or changes to existing bank account details for the purposes of claiming for the PBS.

If you do not provide this information, the Department will not be able to process your notification.

You can get more information about the way in which the Department will manage personal information, including our privacy policy, at www.health.gov.au/pbsapprovedsuppliers/forms-privacy.

	PBS approval number
2	Dr Mr Ms Other
	Family name
	First given name
	Practice address
	Postcode
	Daytime phone number
	Daytime phone number  Mobile phone number

Vle	dical practitioner's bank account details
5	I would like to: <b>Tick ONE only</b> Register new bank account details <b>Go to 7</b>
	Change bank account details Go to next question
	If notifying the Department of a change to bank account details, record the old bank account details below.
	Name of bank, building society or credit union
	Branch number (BSB)
	Account number (this may not be the card number)
	Account held in the name(s) of
	The following account details are to be used, effective from
	/ /
	Name of bank, building society or credit union
	Branch number (BSB)
	Account number (this may not be the card number)
	Account held in the name(s) of
	Account field in the fidino(s) of
	All payments are made through Electronic Funds Transfer (EFT). Payments <b>cannot</b> be made via EFT if the nominated account has restrictions on EFT deposits.
e	claration
	I authorise:
	• payments to be made into the nominated bank account.
	I declare that:
	I am authorised to provide details of the bank account.
	<ul> <li>the information I have provided in this form is complete and correct.</li> </ul>
	I understand that:
	• giving false or misleading information is a serious offence.
	Medical practitioner's signature
	<b>L</b> D
	Date
	/ /