



BATCH HEADER

Provider Details

Provider Name	
Provider Number	
Contact Phone Number	
Email Address	

Provider registration is required before patient claims can be submitted. Claims processing will be delayed if registration is not completed.

If you are uncertain about your registration, contact our Medical Claims team on medical@mildurahealthfund.com.au or 03 5021 7091

Accounts

Accounts/Invoice Number	
Hospital Name	
Hospital Provider Number	

Declaration

The professional services specified on this form were provided by me or on my behalf.

The total amount charged is shown on the attached account/s to the fund, including any patient co-payments or out of pocket costs.

These services were performed whilst an admitted patient of a recognised hospital or day facility and/or the services form part of Hospital-Substitute Treatment.

By submitting this form I declare that:

- I have informed the patient/s in writing of any out-of-pocket expenses charged by the medical practitioner for the services rendered during the hospitalisation.
- I have disclosed any financial interest in management of this patient/s.



SEND TO: medical@mildurahealthfund.com.au or Mildura Health Fund – PO BOX 5046, Mildura VIC 3502