Latrobe HEALTH SERVICES
EveryBody benefits from our health cover

Latrobe Health Services Limited
ABN 94 137 187 010
Reply Paid 41, Morwell VIC 3840
Email: info@lhs.com.au
Website: latrobehealth.com.au
Member Service enquiries: 1300 362 144

Direct Credit Request / Alteration Form Simplified Billing Providers

Please download and complete this form and forward it as an attachment to sbenquiry@lhs.com.au
For enquiries about Simplified Billing direct credit requests please email Simplified Billing: sbenquiry@lhs.com.au

Part A: Medical Provider Details

Provider name: _____

Please list all provider numbers this direct credit authorisation applies to:

Mailing address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

Part B: Bank Details

Authorise payments to be made by direct credit to the following account:

Account holder: _____

Financial institution: _____ Branch: _____

BSB No.: ___ - ___ Account No.: _____

Effective from date: _____ Email remittance advice to: _____

Part C: Declaration

I hereby declare that the above information is true and correct and approve direct credit payments to be made in accordance with this information.

Authorised by: _____ Date: _____

Private Health Insurance Code of Conduct
MEMBERS OWN HEALTH FUND