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

EveryBody benefits from our health cover

Simplified Billing Provider Registration Form

To enable submission of medical claims through the Simplified Billing process Latrobe requires all medical providers to be registered.

To register, please download and complete this form and forward it as an attachment to sbenquiry@lhs.com.au
For enquiries about Simplified Billing provider registration please email Simplified Billing: sbenquiry@lhs.com.au

Part A: Medical Provider Details

Provider name: _____

Provider specialty: _____

Please list all provider numbers this registration 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