



EveryBody benefits from ^{our} health cover 

ALTERATION REQUEST

To: Simplified Billing Team - LHS

From:

Date:

Please amend my records to show the following

Postal Address

..... Postcode.....

Phone No () Fax No ()

E-mail Address

Bank Details (for direct credit) BSB..... Account No.....

Account Name.....

Name of Financial Institution

Provider Number(s) requiring the above changes

Declaration

I hereby declare that the above information is true and correct and approve alterations to be made in accordance to this information.

Authorised by..... Date.....