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**MEDICAL PROVIDER DETAILS FORM**

**for Allianz Global Assistance OSHC & OVHC claims payments**

**Please return via email to the Medical Provider Management team at** [**MedicalNetwork@allianz-assistance.com.au**](mailto:MedicalNetwork@allianz-assistance.com.au)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PROVIDER / PRACTICE DETAILS** | | | | | | | |
| **ABN:** |  | | **BUSINESS ENTITY TYPE:**  E.g. Company, Trust, Sole Trader | | |  | |
| **LEGAL ENTITY NAME:** |  | | | | | | |
| **PRACTICE NAME:**  If different from above |  | | | | | | |
| **PRACTICE STREET ADDRESS:** |  | | | | | | |
| **PRACTICE EMAIL ADDRESS:** |  | | | | **PHONE NO:** | |  |
| **PRACTICE WEBSITE:** |  | | | | | | |
| **OPENING HOURS:** | Monday |  | | | Friday | |  |
| Tuesday |  | | | Saturday | |  |
| Wednesday |  | | | Sunday | |  |
| Thursday |  | | | Public Holidays | |  |
| **MEDICAL SERVICES PROVIDED BY YOUR PRACTICE:** |  | | | | | | |
| **PRIMARY CONTACT - Practice Manager or other primary contact. (Internal use only)** | | | | | | | |
| **PRIMARY CONTACT NAME:** |  | | | **ROLE:** | |  | |
| **DIRECT EMAIL ADDRESS:** |  | | | **PHONE NO:** | |  | |
| **ACCOUNTS DEPARTMENT** | | | | | | | |
| **MAILING ADDRESS:** |  | | | | | | |
| **ACCOUNTS CONTACT PERSON:** |  | | | | | | |
| **REMITTANCE EMAIL:** |  | | | **ACCOUNTS PHONE NO:** | |  | |
| **EFT BANK DETAILS (Payments made by direct deposit only)** | | | | | | | |
| Please submit one of the following as evidence of the bank account (must clearly show BSB, Account Number & Account Name):  **Bank Statement** (top section only required showing the account details)  **Bank Deposit Slip**  **Account Confirmation Letter** with bank letterhead  **Mobile banking site screenshot** | | | | | | | |
| **BANK ACCOUNT NAME:** |  | | | | | | |
| **BSB:** |  | | **ACCOUNT NUMBER:** | | |  | |
| **BANK:** |  | | | | | | |

**Account submissions, claims & payment enquiries:** [OSHCproviders@allianzcare.com.au](mailto:OSHCproviders@allianzcare.com.au) 1800 884 526 Option 1, Option 2