ACURA
CONSULTING & INVOICING

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REGISTRATION FORM

CLINICAN INFORMATION

Title	DOB
First Name	Mobile
Surname	Email
Address	
Gender	ABN
Qualifications	Specialties
PRODA Number	AHPRA Reg

PROVIDER DETAILS – Please tick boxes if the provider number listed is registered for billing with health funds

Provider Number	Location	Registered
		☐
		☐
		☐
		☐
		☐
		☐

BANKING DETAILS

Bank Name	Branch
Account Name	
BSB	Account Number

Do you currently have a No Gap agreement with any Health Funds?

Do you need us to complete Health Fund registrations?

If registered, please provide your BUPA practice ID number:

SIGNATURE

Name	Date

Sign: