

MPPA BILLING CHANNEL

Change of Details Form

Any change to details must be completed by the Billing Entity contact or the account contact

Billing Entity name

Billing Entity number

Please complete only those fields which are applicable for changes

Billing Entity postal address

Street Name & Number

Suburb

State

Postcode

Postal address

Suburb

State

Postcode

Billing Entity contact details (eg. Business Manager)

First name

Surname

Title

Email

Telephone/mobile

Fax Number

Billing Entity account contact details – for account administration purposes, please supply if different from above

First name

Surname

Title

Email

Telephone/mobile

Fax Number

Bank details – for payment of benefits

Bank

BSB Number (must be 6 digits)

Account Number

Completion details

Please email completed form to mppa@medibank.com.au