

Medical Purchaser Provider Agreement



Batch Header for ahm Health Insurance claims

Resubmission

Please mark this box with an X
if this is a resubmission of claims

Please ensure all fields below are completed (* fields are mandatory)

* Provider name

* Provider number

* Billing entity name

* Billing entity number

Lodgement date

Total number of claims (maximum 20 claims per batch)

Medical speciality/type of service

Note:

- This Batch Header is only to be used for MPPA claims (**not** GapCover claims)
- Each claim should be for **one** patient only. Please bill services for each patient on a separate invoice/document
- All accounts must contain the patient's Medicare card number, their Individual Reference Number and their member number
- Each account should include the name of the hospital where the service was provided
- This is the only batch header that ahm Health Insurance will accept for processing MPPA claims

Please post accounts to:

ahm Health Insurance MPPA
Locked Bag 1006
Matraville NSW 2036

**For any queries regarding ahm accounts
please call us on 1300 309 438**