

# 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 4  
Wetherill Park BC NSW 2164

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