

## Direct Credit Request Form

Please download and complete this form and forward it as an attachment to [hcenquiry@lhs.com.au](mailto:hcenquiry@lhs.com.au)  
For enquiries about hospital direct credit requests please email Hospital Claims: [hcenquiry@lhs.com.au](mailto:hcenquiry@lhs.com.au)

### Part A: Hospital Details

Hospital name: \_\_\_\_\_

Provider No.: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

### Part B: Bank Details

**Authorise payments to be made by direct credit to the following account:**

Account holder: \_\_\_\_\_

Financial institution: \_\_\_\_\_ Branch: \_\_\_\_\_

BSB No.:    -    Account No.:

Effective from date: \_\_\_\_\_ Email remittance advice to: \_\_\_\_\_

### Part C: Declaration

**I hereby declare that the above information is true and correct and approve direct credit payments to be made in accordance with this information.**

Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_