

1. Details:

Title:

Surname:

First/Other Name(s):

Preferred Name(s):

Address:

Postcode:

Mobile:

Fax:

Contact Details:

Home:

Email:

2. Banking Details:

Bank Name and Branch:

Account Name:

BSB:

Account Number:

Account Type (*savings/cheque/loan etc*):

3. Letterhead Details: *(will appear on your invoices and letters to patients)*

Name (*e.g. Dr J Smith, Dr John Smith*):

ABN:

Company Name and ACN (*if applicable*):

Qualifications:

Specialty/ies:

Titles:

4. Sign:

Name:

I hereby request to be registered as a client of ProBills Australia.

Signed:

Date:

Please return your completed application to ProBills Australia:

by mail:
P.O. Box 304
MAWSON ACT 2607

OR

by fax:
(02) 6223 5293

OR

by email:
probills@ozemail.com.au

9. Account Defaults:

Enter the values you wish to use as defaults for standard private accounts in the spaces below. These will be entered into the system to speed up data entry, but can be varied/overridden at any time by you, on a patient by patient basis.

Account Type	Discount Fee Unit Value	Full Fee Unit Value
(EXAMPLE) Anaesthetists:	\$ 35.00 per unit	\$ 45.00 per unit
(EXAMPLE) Others:	SF + 35%	SF + 45%
No gap wherever possible	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	
Your default MBS Values <i>If the discount fee value is set to the same amount as the full fee, the default account setting will produce a "non-discount" account type.</i>	\$ _____	\$ _____
Quote Defaults <i>Enter default unit value to be used when providing patients with a fee estimate prior to admission. Put the same value in both columns if you do not want a discount factored into an estimate.</i>		\$ _____
Default Account Periods (PBA Defaults 30/40)	Discount Period (days):	Terms Period (days):

10. Pensioner Policy:

No GAP **OR** As indicated on billing sheet

11. Known GAP/Access Gap Billing:

- Patients are **No Gapped** therefore not applicable.
- All patients are provided with an estimate of my fees prior to surgery - so can be known gapped if with appropriate fund.
- Fees may be discussed with some patients only. Billing sheets will be noted accordingly.

12. Anaesthetists Only:

What fee do you wish to charge for ancillary anaesthetic services (e.g. central or arterial lines, blood transfusions, post-operative pain management, etc):

- Other** – please specify:
- Default** – as above

(Anaesthetists Only)

What fee do you wish to charge for pre-anaesthetic consultations?:

- Other** – please specify:
- Default** – as above

13. PBA Report

Client Name:

Schedule of Reports - please tick one or more boxes to indicate the frequency and transmission mode of reports required by you on a regular basis:

<i>Report</i>	<i>Monthly</i>	<i>Quarterly</i>	<i>Annually</i>	<i>By Email</i>	<i>By Aust Post</i>
Base Reports					
Total Accounts Processed					
Audit - Item Nos. (Anaesthetists only)					
Audit - Surgeons (Anaesthetists only)					
Audit - Hospitals (Anaesthetists only)					
Income x Surgeon (Anaesthetists only)					

Please supply me with the Accountant email pack.

I authorise PBA to email the Accountant email pack to my bookkeeper. **Signed:**

Accountant Name:

Accountant Email:

14. Payment to ProBills:

Please indicate preferred option:

I authorise PBA to automatically charge my credit card when processing.
(see completed credit card authority below)

I wish to use preprinted credit card payment slips. Please send me a suitable number.
(see completed credit card authority below)

I will pay PBA by direct deposit/cheque upon receipt of monthly invoice.
Please note terms for payment on monthly invoice are 14 days. Overdue invoices may incur a late payment fee.

15. Credit Card Authority:

Credit Card Type: VISA **OR** MasterCard

Expiry Date:

Card Numbers:

Name of Card Holder *(as it appears on the card)*: