



HEALTH FUND CHANGES REGISTER

PERSONAL INFORMATION

Member Name:		Member Number:	
Your Signature:		Today's Date:	
CHANGE OF NAME			
Former Name:		New Name:	
CHANGE OF EMAIL			
Former email:		New email:	
CHANGE OF MOBILE NUMBER			
Former Mobile Number:		New Mobile Number:	
CHANGE OF HOME LANDLINE			
Former Number:		New Number:	
CHANGE OF HOME ADDRESS			
Former Address:		New Address:	
Name of Building:		Name of Building:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:		State:	
P/C:		P/C:	
CHANGE OF POSTAL ADDRESS			
Former Postal Address:		New Postal Address:	
Name of Building:		Name of Building:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:		State:	
P/C:		P/C:	
PO Box:		PO Box:	
Suburb:		Suburb:	
State	P/C	State:	P/C



HEALTH FUND CHANGES REGISTER

BUSINESS INFORMATION

Member Name:		Member Number:	
Your Signature:		Today's Date:	
CHANGE OF BUSINESS NAME			
Former Business Name		New Business Name:	
Former Business ABN:		New Business ABN:	
CHANGE OF BUSINESS LOCATION			
HEALTH FUND		Medibank Private – maximum of 3 locations	
Former Practice 1:		New Practice 1:	
Provider Number:			
Name of Business:		Name of Business:	
Name of Building or Shopping Centre:		Name of Building or Shopping Centre:	
Suite or Shop Number:		Suite or Shop Number:	
Building Level Number:		Building Level Number:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:	P/C	State:	P/C
Former Practice 2:		New Practice 2:	
Provider Number:			
Name of Business:		Name of Business:	
Name of Building or Shopping Centre:		Name of Building or Shopping Centre:	
Suite or Shop Number:		Suite or Shop Number:	
Building Level Number:		Building Level Number:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:	P/C	State:	P/C

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CHANGE OF BUSINESS LOCATION			
HEALTH FUND	Medibank Private		
Former Practice 3:		New Practice 3:	
Provider Number:			
Name of Building or Shopping Centre:		Name of Building or Shopping Centre:	
Suite or Shop Number:		Suite or Shop Number:	
Building Level Number:		Building Level Number:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:	P/C	State:	P/C
Do you want the changes for Medibank Private to be applied to all Health Funds?		YES	<input type="checkbox"/>
			<input type="checkbox"/>
		NO (Medibank only)	<input type="checkbox"/>

CHANGE OF BUSINESS LOCATION			
HEALTH FUND	All Other Health Funds – multiple locations		
Former Practice :		New Practice :	
BUPA Provider Number:			
Name of Building or Shopping Centre:		Name of Building or Shopping Centre:	
Suite or Shop Number:		Suite or Shop Number:	
Building Level Number:		Building Level Number:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:	P/C:	State:	P/C

Send a copy of Change Notification to MAA

Save a copy of Change Notification to your Business Files

Email: Office@maa.org.au

Post: PO Box 2019, MOORABBIN VIC 3189

Fax: (03) 9555 9904

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HEALTH FUND CHANGES REGISTER

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CHANGE OF BUSINESS LOCATION			
HEALTH FUND	All Other Health Funds – multiple locations		
Former Practice :		New Practice :	
BUPA Provider Number:			
Name of Building or Shopping Centre:		Name of Building or Shopping Centre:	
Suite or Shop Number:		Suite or Shop Number:	
Building Level Number:		Building Level Number:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:	P/C	State:	P/C
Former Practice :		New Practice :	
BUPA Provider Number:			
Name of Building or Shopping Centre:		Name of Building or Shopping Centre:	
Suite or Shop Number:		Suite or Shop Number:	
Building Level Number:		Building Level Number:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:	P/C	State:	P/C
Former Practice :		New Practice :	
BUPA Provider Number:			
Name of Building or Shopping Centre:		Name of Building or Shopping Centre:	
Suite or Shop Number:		Suite or Shop Number:	
Building Level Number:		Building Level Number:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:	P/C	State:	P/C



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CHANGE OF BUSINESS LOCATION			
HEALTH FUND	All Other Health Funds – multiple locations		
Former Practice :		New Practice :	
BUPA Provider Number:			
Name of Building or Shopping Centre:		Name of Building or Shopping Centre:	
Suite or Shop Number:		Suite or Shop Number:	
Building Level Number:		Building Level Number:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:	P/C	State:	P/C
Former Practice :		New Practice :	
BUPA Provider Number:			
Name of Building or Shopping Centre:		Name of Building or Shopping Centre:	
Suite or Shop Number:		Suite or Shop Number:	
Building Level Number:		Building Level Number:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:	P/C	State:	P/C

CHANGE OF INSURANCE COMPANY	
Former Insurance Company:	New Insurance Company:

CHANGE OF STATUS	
Retired:	Close all practices <input type="checkbox"/>
No longer Practicing:	Close all practices <input type="checkbox"/>
On Leave: From:	Note: If for longer than 12 weeks, all locations will be closed
To:	
Moving to another Association	YES <input type="checkbox"/>
Note: When moving to another Association before your Membership expires your Provider Numbers can travel with you	



HEALTH FUND CHANGES REGISTER

MAA OFFICE USE ONLY

Date Change Received:

HEALTH FUND	DATE DATABASE UPDATED	PERSON RESPONSIBLE	DATE HF REPORT UPDATED	PERSON RESPONSIBLE
AHM				
AUSTRALIAN UNITY				
ARHG				
BUPA				
CBHS				
GRAND UNITED				
HBF				
HCF / MANCHESTER UNITY				
HEALTH PARTNERS				
MEDIBANK				
NIB				

Date all entries completed:		
Date filed in Members hard copy file:		Person Responsible for final filing: