

2nd Tier Default Benefit Application Form & Tax Invoice

Part 1: Applicant Details

Date of Application _____

Name of Hospital Group (if applicable) _____

Hospital/Facility Name and Commonwealth Provider Number(s)

Name (as appears on State/Territory licence)

Commonwealth Provider Number

_____	_____
_____	_____
_____	_____

(Please provide details of additional hospitals/facilities on a separate sheet of paper. Ensure that any additional pages include the Hospital Group name as shown above)

Total Number of Hospitals/Facilities applying for 2nd Tier Default Benefit: _____ *

Part 2: Contact Details (for enquiries/correspondence regarding this application)

Name: _____

Position: _____

Postal Address: _____

Email: _____ Telephone: _____

Part 3: Application Fee

Please note: applications will not be considered until the application fee is received

The fee for 2nd Tier Default Benefit applications is \$1210 (incl GST) for each hospital/facility.

This fee is waived for current members of the Australian Private Hospitals Association Limited (APHA).

Are you a current member of Australian Private Hospitals Association (APHA) Yes No

If no, total fee payable (number of facilities as at * above x \$1210): \$ _____

Part 4: Payment Methods (Please select one)

EFT
Electronic Funds Transfer


Cheque

Account Name: Australian Private Hospitals Association Limited
 Bank: Westpac
 BSB: 032 731
 Account: 109356
 Description: Please quote your Provider Number or Group Name
 Remittance: Email your remittance advice to
accounts@apha.org.au

Please make cheques payable to *Australian Private Hospitals Association Limited* and mail to

PO Box 4502
 KINGSTON ACT 2604