

**SIMPLIFIED BILLING SERVICE****PRACTITIONER AUTHORITY**

Applicants Name: DR ANECITO MANTILLA. Provider No: 4404831 H  
 Practice Name: Wollombi Medical Practice ABN: 43 152 083 997  
 Mailing Address: 83 Wollombi Rd, Cessnock. Post Code: 2325

Contact Name: DR MANTILLA E-Mail Address: johnmmd@mantillaph.net  
 Contact Phone: 0439383622 Facsimile No: 02-49914822

Will the rates charged be above the MBS scheduled fee?

- Yes – Authorisation by Service Manager required prior to forwarding to Simplified Billing  
 No – Forward completed forms to the Simplified Billing Service

Will you be registering with or billing Health Fund gap cover schemes?

- Yes – Please contact Simplified Billing  
 No – Forward completed forms to the Simplified Billing Service

Hunter New England hospital and provider numbers

Hospital	Hospital Provider Number
<u>Cessnock District Hospital.</u>	

NB for above schedule fee arrangements one form per hospital required.

**BANK DETAILS FOR ELECTRONIC FUNDS TRANSFER**

Account Name: ANECITO MANTILLA.  
 Bank: Commonwealth Bank. Branch: Charlestown  
 BSB:       Account No: 1034 1522

I Dr Mantilla agree that the Simplified Billing Agent receives benefits from Medicare and appropriate Health Fund on behalf of my patients and that the Billing Agent will distribute these payments as indicated above or by cheque.

Practitioner Signature: [Handwritten Signature]

Date: 12/9/2011

*Authorisation for above schedule fee arrangements*

Service/General Manager .....

Service/General Manager signature: .....

Date: .....

Hospital .....