

SIMPLIFIED BILLING SERVICE**PRACTITIONER AUTHORITY**Applicants Name: Dr Anecito MANTILLA Provider No: 4404831 HPractice Name: Wollombi Medical Practice ABN: 43 152 083 997Mailing Address: PO Box 736, Kotara Post Code: 2289Contact Name: Dr Mantilla E-Mail Address: johnmmd@mantillaph.netContact Phone: 0439383622 Facsimile No: 02-82143471

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 TRANSFERAccount Name: ANECITO MANTILLA.Bank: Commonwealth Bank. Branch: CharlestownBSB: 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: 13/01/2012

Authorisation for above schedule fee arrangements

Service/General Manager

Service/General Manager signature:

Date:

Hospital