

# Provider Registration Form



## Provider Registration Form

To register as a recognised provider with Australian Unity, please complete this form and return to Australian Unity in the Reply Paid envelope. Please call us on 13 29 39 if you need any assistance.

Title	Surname	Given Names	
Principal Practice Name			
Principal Practice Address			
		State	Postcode
Postal Address: (if different to above)			
		State	Postcode
Business Telephone No.	Mobile	Fax	
Email	Website		
Secondary Practice Address			
		State	Postcode
Member of Professional Associations			
Modalities (accredited date)			
Type of treatment(s) provided			
Nature of Practice (e.g. group or solo)			
Partners Name(s)			
Professional Qualifications (Degree/Diploma/Certificate/Other)			
Practitioner's Signature		Date	
		/	/

In applying for a provider number, you understand that your business details will be provided to Australian Unity members.

Please attach a sample copy of your official stationery / stamp.