



CHANGE OF CLINIC LOCATION

Dear MAA staff, please make the following changes for my clinic locations:

CHANGE OF BUSINESS LOCATION			
HEALTH FUND		Medibank Private – maximum of 3 locations	
Former Practice 1: CLOSE		New Practice 1: OPEN	
MPL 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: CLOSE		New Practice 2: OPEN	
MPL 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

CHANGE OF BUSINESS LOCATION			
HEALTH FUND		Medibank Private – maximum of 3 locations	
Former Practice 3: CLOSE		New Practice 1: OPEN	
MPL 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
Do you want the changes for Medibank Private to be applied to all Health Funds?			
YES	<input type="checkbox"/>	NO (Medibank only)	<input type="checkbox"/>



CHANGE OF CLINIC LOCATION

Dear MAA staff, please make the following changes for my clinic locations:

CHANGE OF BUSINESS LOCATION			
HEALTH FUND	Bupa – maximum 4 locations		
Former Practice 1: CLOSE		New Practice : OPEN	
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 2 : CLOSE		New Practice : OPEN	
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 BUSINESS LOCATION			
HEALTH FUND	Bupa – maximum 4 locations		
Former Practice 3: CLOSE		New Practice : OPEN	
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 4 : CLOSE		New Practice : OPEN	
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

Do you want the changes for Bupa to be applied to all Health Funds?	YES	<input type="checkbox"/>	NO (Bupa only)	<input type="checkbox"/>



CHANGE OF CLINIC LOCATION

Dear MAA staff, please make the following changes for my clinic locations:

ADDITIONAL PRACTICE LOCATIONS

CHANGE OF BUSINESS LOCATION			
HEALTH FUND	AHM – ARHG – AU – CBHS – NIB – GU (All Other Health Funds – multiple locations)		
Former Practice 1: CLOSE		New Practice: OPEN	
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 : CLOSE		New Practice: OPEN	
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 BUSINESS LOCATION			
HEALTH FUND	AHM – ARHG – AU – CBHS – NIB – GU (All Other Health Funds – multiple locations)		
Former Practice 3: CLOSE		New Practice: OPEN	
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 4 : CLOSE		New Practice: OPEN	
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

Email: Office@maa.org.au

Post: Suite 39, Level 1, 93 Wells Road, CHELSEA HEIGHTS VIC 3196

Fax: (03) 9773 4109

Save a copy of Change Notification to your Business Files



CHANGE OF CLINIC LOCATION

Dear MAA staff, please make the following changes for my clinic locations:

HEALTH FUND CHANGES REGISTER

Member Name:	Member Number:
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MAA OFFICE USE ONLY

Date Change Received:

HEALTH FUND	DATE DATABASE UPDATED	PERSON RESPONSIBLE	NOTE	NOTE
AHM				
AUSTRALIAN UNITY				
ARHG				
BUPA				
CBHS				
GRAND UNITED				
MEDIBANK				
NIB				
Date all entries completed:				
Date filed in Members hard copy file & saved to database:		Person Responsible for filing:		