



HEALTH FUND CHANGES REGISTER PERSONAL INFORMATION

Member Name:		Member Number:	
Your Signature:		Today's Date:	
CHANGE OF NAME			
Former Name:		New Name:	
CHANGE OF PRIVATE EMAIL			
Former email:		New email:	
CHANGE OF MOBILE NUMBER			
Former Mobile Number:		New Mobile Number:	
CHANGE OF HOME LANDLINE			
Former Number:		New Number:	
CHANGE OF HOME ADDRESS			
Former Address:		New Address:	
Name of Building:		Name of Building:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:		State:	
P/C:		P/C:	
CHANGE OF POSTAL ADDRESS			
Former Postal Address:		New Postal Address:	
Name of Building:		Name of Building:	
Street Number and Name:		Street Number and Name:	
Suburb:		Suburb:	
State:		State:	
P/C:		P/C:	
PO Box:		PO Box:	
Suburb:		Suburb:	
State	P/C	State:	P/C

BUSINESS INFORMATION

Member Name:		Member Number:	
Your Signature:		Today's Date:	
CHANGE OF Your BUSINESS NAME			
Former Business Name		New Business Name:	
Former Business ABN:		New Business ABN:	



HEALTH FUND CHANGES REGISTER

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
Former Practice 3: CLOSE		New Practice 3: OPEN	
MPL 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 Medibank Private to be applied to all Health Funds?	YES	<input type="checkbox"/>	NO (Medibank only)
		<input type="checkbox"/>	<input type="checkbox"/>



HEALTH FUND CHANGES REGISTER

Send a copy of Change Notification to MAA

Save a copy of Change Notification to your Business Files

Email: Office@maa.org.au

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

Fax: (03) 9773 4109

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
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



HEALTH FUND CHANGES REGISTER

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



HEALTH FUND CHANGES REGISTER

CHANGE OF BUSINESS LOCATION			
HEALTH FUND	AHM – ARHG – AU – CBHS – NIB – GU (All Other Health Funds – multiple locations)		
Former Practice: 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: 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 INSURANCE COMPANY	
Former Insurance Company:	New Insurance Company:

CHANGE OF STATUS	
Retired:	Close all practices <input type="checkbox"/>
No longer Practicing:	Close all practices <input type="checkbox"/>
On Leave: From:	Note: If for longer than 12 weeks, all locations will be closed
To:	
Moving to another Association	YES <input type="checkbox"/>
Note: When moving to another Association before your Membership expires your Provider Numbers can travel with you	

Send a copy of Change Notification to MAA	Save a copy of Change Notification to your Business Files
Email: Office@maa.org.au	
Post: Suite 39, Level 1, 93 Wells Road, CHELSEA HEIGHTS VIC 3196	
Fax: (03) 9773 4109	



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 final filing:	