

Payment Account Details for Service Provider Form



When to use this form

This form must be completed by one Service Provider (e.g. a sole trader or employer) in order to receive payments from the National Bowel Cancer Screening Program.

The details provided will be used to make payments for completed information forms received. All payments will be made to the bank account nominated on this form.

Only one bank account can be provided on this form. If you require a different bank account for one or more of the locations from which you practise, you will need to submit a separate form for each bank account.

Lodgement

The completed form can be sent by free fax to (02) 6113 8314.

Privacy note

The NCSR is authorised to collect information under the *Privacy Act 1988 (Cth)* and the *National Cancer Screening Register Act 2016.* The NCSR collects information about you and other healthcare providers from the Department of Human Services and others for the purpose of verifying your identity and communicating with you.

The NCSR also collects information directly from you. Your personal information may be used by the NCSR or the Commonwealth Department of Health, or given to other parties to provide you with healthcare, for the purpose of research, investigation or where it is required or authorised by or under an Australian law or a court or tribunal order.

For more information on how your personal information may be used as part of the NCSR, you can view the Department of Health's Privacy Policy online at www.health.gov.au and the NCSR Privacy Statement online at www.ncsr.gov.au

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