# Payment method form

Confirmation of bank account details for any patient funding (i.e. capitation and/or service claims payment in relation to patients under this practitioner's care, in the practice named below).

**Practitioner name:**

**Practice name:**

**Practitioner signature:** _____ **Date:** _____

**Email remittance advices to:** _____

Please check bank account details with your practice manager and **include copy of deposit slip OR** bank record with account name, bank name and account number.

Full account name:

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Account number: (right-align all account numbers. e.g. record an 02 suffix as 002)

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Bank Branch Account Suffix

Please tick the following types of payments you wish this bank account to be used for:

| Capitation | Service/project claims | Other (please state) |
|---|---|---|
| | | |

## Alternative account

If needed, you can nominate an alternative account for different payment types. Please check details with your practice manager.

Copy of **deposit slip** OR bank record with account name, bank and account number please.

Full account name:

Account number: (right-align all account numbers. e.g. record an 02 suffix as 002)

Bank Branch Account Suffix

Please tick the following types of payments you wish this bank account to be used for:

| Capitation | Service/project claims | Other (please state) |
|---|---|---|
| | | |

Please add a copy of proof of account below: