

REGISTRATION FORM

Approved treatment funds will be paid by either cheque or EFT into your nominated bank account. EFT transactions will be paid into the account you list on this form. After a funds transfer has been made a ('one-off') Patient Administration Fee PAF (1.5% of the funding amount paid) will be debited from the same account or invoiced separately (on the seventh banking day of the following month). This document is the agreement between you (the undersigned) and Mediplan to authorise both these transactions when, and as, required. Statements detailing all transactions will be forwarded by email (or post if requested).

YOUR DETAILS

Practice Name

Speciality/Type of Practice

Doctor

Doctor

Practice Manager/Coordinator

Practice Manager/Coordinator

Practice Address #1

Phone

<small>area code</small>	<small>number</small>
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Practice Address #2

Fax

<small>area code</small>	<small>number</small>
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Suburb

Postcode

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Email

Preferred method for receiving patient funds:

Cheque

Direct Credit EFT

Preferred method for PAF payments:

Cheque

Direct Debit EFT

Name

Signature

Date

<small>d</small>	<small>d</small>	<small>m</small>	<small>m</small>	<small>y</small>	<small>y</small>
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ACCOUNT DETAILS

Account Title/Name

BSB number

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Name of Bank/Fin' institution

Location (suburb only)

Account Number

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AUTHORISATION/CLIENT SERVICE AGREEMENT

I request Mediplan Australia Pty Ltd (ABN 114 411 479) (Direct Debit User ID No.219733) to credit/debit the account, as per the details listed above, in the amounts of specified treatment funds owed by Mediplan and/or Patient Administration Fees (relative to the transferred treatment funds) payable to Mediplan.

Name

Signature

Date

<small>d</small>	<small>d</small>	<small>m</small>	<small>m</small>	<small>y</small>	<small>y</small>
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Important

Please ensure that you have read & understood the Client Service Agreement on the back of this form. If you have any questions please call our office to speak with a consultant.

Mediplan User Account ID Number
(office use only)

Complete & Return Fax on (03) 9578 2144

CLIENT SERVICE AGREEMENT

1.0 Definitions

ACCOUNT means the account held by you at your financial institution from which we are authorised to arrange funds to be credited and debited.

AGREEMENT means this Direct Credit/Debit Request Service Agreement between you and Mediplan.

BANKING DAY means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

DEBIT PAYMENT means a particular transaction where a debit is made.

DIRECT DEBIT REQUEST means the Direct Debit Request between you and us.

TREATMENT FUNDS means monies payable to you by Mediplan that we have been instructed to pay to you by a mutual client/patient.

US or WE means Mediplan Australia Pty Ltd (the Debit User) you have authorised by a signed Direct Debit Request.

YOU means the person/entity who signed the Direct Debit Request.

YOUR ACCOUNT means the account nominated by you to be debited.

YOUR FINANCIAL INSTITUTION means the financial institution where you hold the account that you have authorised us to debit.

2.0 Debiting your account

- 2.1 By signing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account.
- 2.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.
- 2.3 If a nominated debit day falls on a day that is a non-banking day, we may direct your financial institution to debit your account on the following banking day.

3.0 Changes by us

- 3.1 We may vary any details of this agreement or the Direct Debit Request at any time by giving you at least fourteen (14) days notice.

4.0 Changes by you

- 4.1 You may change any details of the Direct Debit Request by notifying us in writing at least fourteen (14) days before the next debit day.
- 4.2 Any outstanding patient administration fees due following the transfer of treatment funds may not be changed.
- 4.3 You may terminate your Direct Debit Request and/or stop payment of a drawing(s) at any time by giving written notice directly to us, or through your nominated Financial Institution. Notice given to us should be received at least 14 business days prior to the due date.

5.0 Your obligations

- 5.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
- 5.2 If there are insufficient clear funds in your account to meet a debit payment:
 - a. you may be charged a fee and/or interest by your financial institution;
 - b. you may also incur fees or charges imposed or incurred by us; and
 - c. you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 5.3 You should check your account statement to verify that the amounts debited from your account are correct.

6.0 Dispute

- 6.1 If you believe that there has been an error in debiting your account, you should notify our accounts department immediately on 1300 1300 12 and confirm that notice in writing with us as soon as possible so that the matter can be resolved quickly and efficiently.
- 6.2 If we conclude as a result of our investigations that your account has been incorrectly debited we respond by adjusting your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 6.3 If we concluded as a result of our investigations that your account has not been incorrectly debited we will respond by providing with reasons and any evidence for this finding.
- 6.4 Any queries you may have about an error made in debiting your account may directed to us in the first instance so that we can attempt to resolve the matter between us and you.
- 6.5 Where you consider that a drawing has been initiated incorrectly (outside Mediplan's arrangements) you may take the matter up directly with us, or lodge a Direct Debit Claim through your nominated Financial Institution.

7.0 Accounts

- 7.1 You should check:
 - a. with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
 - b. your account details which you have provided to us are correct by checking them against a recent account statement.
 - c. with your financial institution if you have any queries regarding sections 7a and 7b.

8.0 Confidentiality

- 8.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to the information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 8.2 We will only disclose information that we have about you:
 - a. to the extent specifically required by law; or
 - b. for the purposes of this agreement (including disclosing information in connection with a query or a claim).