

Dear Provider

Payee Number Application

Please find attached an application form for a payee number.

Fields marked with ★★ on the application form must be completed unless specified. Individual and organisation payee number applications require a bank verified deposit slip (either pre-printed or signed and stamped by a bank teller) or the top of a bank statement with the legal entity's full name, bank account number and the name of the bank on it. Individual and organisation payee number applications also require a copy of current annual practising certificates of practitioners who will claim under the payee number. If you or your organisation carry out a taxable activity and are likely to earn more than \$60,000 in the next 12 months you should be registered for GST.

Please note that after your application is returned to Sector Support (formerly HealthPAC) Dunedin, it must be approved by your funder for example your District Health Board or the Ministry of Health, before it can be processed. Applications cannot be forwarded to your funder for approval until all of the necessary information is received.

If you have any enquiries about this application, please phone Sector Support Dunedin on 0800 281 222 (option 4 then 1) or email dunedinaasupport@moh.govt.nz

Your completed application form can be faxed to 03 474 8582, attention "Primary Care Team" or posted to the following address:

Primary Care Team
Sector Support
Private Bag 1942
Dunedin 9054

Yours sincerely

**Primary Care Team
Sector Support Dunedin**

PAYEE NUMBER APPLICATION

★★ Payee Type (Please tick one):

Individual
Payee Number

Organisation
Payee Number

NHI Access
Payee Number

Please indicate below why you require a new payee number (eg, second practice)

PROVIDER DETAILS:

★★ Legal Entity Name: (the full name that you or the company are registered under (eg, "Joe Bloggs" if individual or "Joe Bloggs Limited") if applying as an organisation)	
★★ Trading as: (Practice name if different from above)	
★★ Type of Provider: (GP, Midwife, Dental Practice, Mental Health Provider etc)	

★★ Name of Practice you work at: (Individual payee applications only)	
★★ Physical Address:	
★★ Postal Address: (If different from above)	
★★ Phone Number:	
★★ Fax Number:	
Email address:	
★★ Date claiming/payee number is to commence:	
★★ District Health Board:	

