

## Service provider registration form

New application    Amended details

For ReturnToWorkSA to process your invoices, please complete the following:

|  |                              |
|--|------------------------------|
| Name of provider   |                              |
| Practice/business name   |                              |
| Postal address   | Postcode                     |
| Practice/business address  | Postcode                     |
| ABN  |                              |
| Practice/business phone number   | Practice/business fax number |
| Preferred email address  |                              |
| Remit email address  |                              |
| Practising speciality (e.g. GP, physiotherapist etc) *mental health service provider |                              |
| Medicare Provider Number (if applicable)   |                              |
| AHPRA Number   |                              |

\*Please refer to [www.rtwasa.com](http://www.rtwasa.com) for registration requirements

Please indicate where you want:   Mail sent to:    Postal address    Practice address

Payments sent to:    Postal address    Practice address

### Electronic funds transfer (EFT) -

Payments can only be made to a bank, building society or credit union account held in the provider's name (and maintained by the provider) either solely or jointly with another person or organisation.

|                   |                     |
|-------------------|---------------------|
| Bank BSB number   | Bank account number |
| Bank name         |                     |
| Bank account name |                     |

### Commencement

This advice relates to the payment of accounts rendered for the provision of services to workers in accordance with the *Return to Work Act 2014*.

This advice is to take effect from a date to be determined by ReturnToWorkSA. It replaces all former advice provided to ReturnToWorkSA and/or its Agents regarding payments to be made.

|                                |                       |
|--------------------------------|-----------------------|
| Authorised person (Print name) | Signature             |
| Authorised person's title      | Date ___ / ___ / ____ |

### Please complete this form and send to:

ReturnToWorkSA  
GPO Box 2668  
South Australia 5000

Phone: 13 18 55  
Fax: 08 8238 5690  
Email: [prov.main@rtwsa.com](mailto:prov.main@rtwsa.com)  
Website: [www.rtwasa.com](http://www.rtwasa.com)

To contact ReturnToWorkSA in a language other than English, please ring the Interpreting and Translating Centre on 1800 280 203 and ask them to contact us on 13 18 55.

#### **This interpreting service is available at no cost to you.**

If you need any information in braille, audio, e-text or large print, please call us on 13 18 55 and we will do our best to help you.

If you are deaf or have a hearing or speech impairment you can call ReturnToWorkSA through the National Relay Service (NRS):

- TTY users can phone 13 36 77 then ask for 13 18 55.
- Speak & Listen (speech-to-speech) users can phone 1300 555 727 then ask for 13 18 55.
- Internet relay users can connect to NRS on [www.relayservice.com.au](http://www.relayservice.com.au) then ask for 13 18 55.