Motor Accidents Insurance Board
PO Box 590
LAUNCESTON TAS 7250
Ph: 03 63364800 Fax: 03 63364848

MAIB
Service·Support·Safety

Provider Application Form

☐ New Application ☐ Amended Details

Name of Provider:
Practice/Company Name:
Australian Business Number:
Practising Speciality *(e.g. GP, Physio, etc.)*:
Medicare Provider Number *(if applicable)*:
Practice/Company Address:
Postal Address:
Practice/Company Phone Number: ( ) Facsimile ( )
Email Address:

Electronic Funds Transfer

It is a business requirement of the MAIB that all payments are processed via Electronic Funds Transfer (EFT). A detailed EFT payment remittance advice will be sent electronically to your nominated email address or facsimile number.

Bank Account Details
Payment 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.

EFT Payment Remittance to be sent to:	☐ Email:	
	or ☐ Facsimile:	( )

Bank Name & Address:	
BSB:	Account No:
Account Name:	

This advice replaces all previous advices provided to MAIB.

Name of Authorised Person:	Signature:
Title of Authorised Person:	Date: / /

Office Use Only			
Registration Verified:	☐ Yes ☐ No	Initials:	Date:

For queries regarding EFT, please phone 03 6336 4849 or email: info@maib.tas.gov.au