

## 1 HICAPS - New Merchant Application

Let's get started...

Given name(s) \*

Surname \*

Mobile Number \*

### You will require

- Medicare Australia or Medibank Private provider number or Association Registration Certificate for all providers listed on this application.
- Bank Details (including a digital copy of a deposit slip or bank issued statement from your financial institution for the nominated bank account to validate account details).
- Along with your Medicare or Medibank provider numbers being required, we will also require their AHPRA registration details (if applicable).

Don't worry, we won't send you Email or SMS marketing; however we'll send you a link to continue your application at any time. Your mobile number will only be used for terminal installations and alerts.

Campaign Code

Continue

Application ID: A1VY1J1HK

## 1 HICAPS - New Merchant Application

### Let's get started...

Given name(s) \*

Surname \*

Mobile Number \*

Email Address \*

**Please click the CONTINUE button before exiting the application**

#### You will require

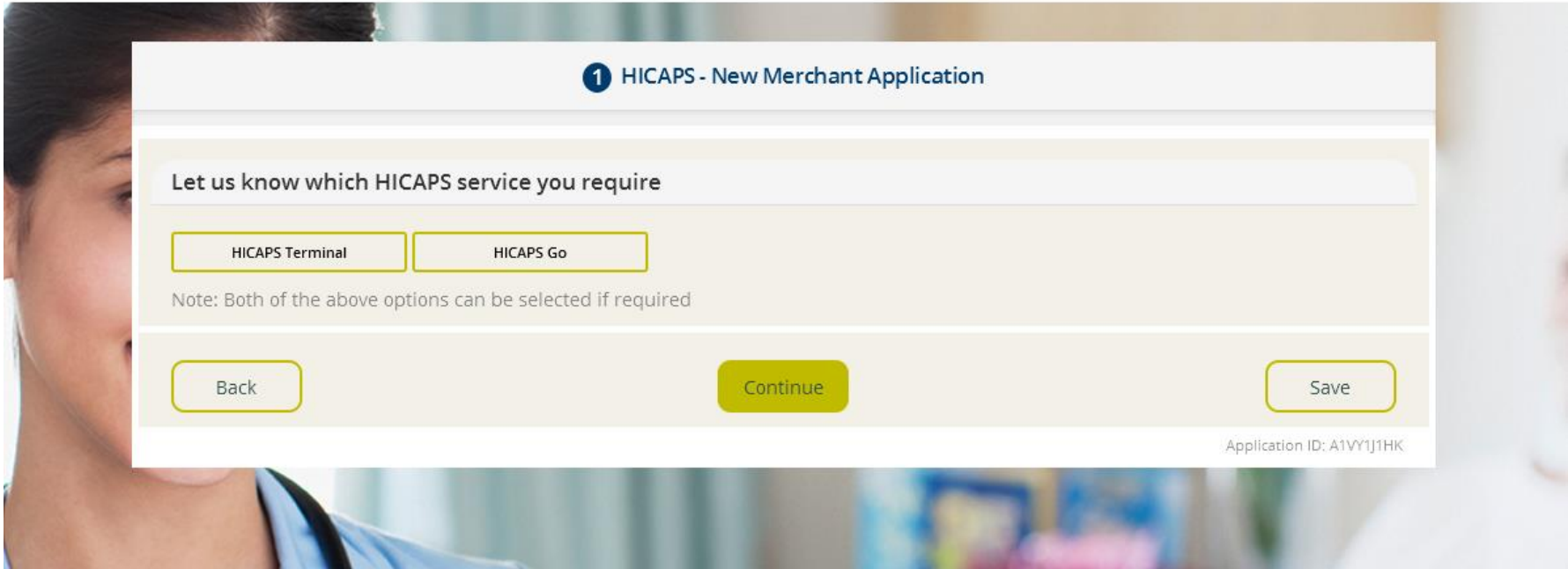
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**1 HICAPS - New Merchant Application**

Let us know which HICAPS service you require

HICAPS Terminal

HICAPS Go

Note: Both of the above options can be selected if required

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## 1 HICAPS - New Merchant Application

Let us know which HICAPS service you require

HICAPS Terminal

HICAPS Go

Note: Both of the above options can be selected if required

For HICAPS Terminal, Fixed or Mobile? \*

Fixed Terminal

Mobile Terminal

### IMPORTANT

- Please ensure that there is a minimum of 20 Square centimetres of clear bench space.
- HICAPS needs a dedicated power point within 1.8 metres of the terminal. This distance must not encroach on any passage ways, corridors or busy work areas.
- An Ethernet port or telephone outlet must be within 1.5 metres of the terminal, and must not encroach on any passage ways, corridors or busy work areas.
- HICAPS needs an Ethernet port with access to the internet and/or a dedicated analog telephone line. When using a telephone line as the primary connection type other devices such as faxes, modems etc. must not use more than 20% of the time.
- If you are using an Ethernet port it is recommended to have an analog telephone line as a back-up connection.
- If the proposed phone line is currently shared by an ADSL service (Broadband) the line must be fitted with a line filter or a line splitter. For more information on where to obtain an ADSL filter please contact your Internet Service Provider

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## 1 HICAPS - New Merchant Application

### Let us know which HICAPS service you require

HICAPS Terminal

HICAPS Go

Note: Both of the above options can be selected if required

For HICAPS Terminal, Fixed or Mobile? \*

Fixed Terminal

Mobile Terminal

#### IMPORTANT

Please be aware that the mobile terminals operate using GPRS and a number of health funds do not process claims from such terminals for security reasons. Thus, the mobile HICAPS terminal will not process claims for the following 4 Major health funds.

- Medibank
- BUPA
- HBF
- HCF

There are also a number of smaller health funds which also are unable to process these claims. These funds will only process claims when the terminal is stationed on the dock and plugged into a phone line. Additionally, you cannot use a Practice Management System with the Mobile Terminal.

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Application ID: A1VY1J1HK

ABN \*

Title \*

Given name(s) \*

Johnelle

Surname \*

Jaws

Practice phone (incl Area Code) \*

(XX) (XXXX-XXXX)

Mobile number \*

0412790690

E-mail \*

johnelle.j.jaworski@nab.com.au

Address 

Street \*

Suburb \*

State \*

Post code \*

Is Mailing Address same as site address? \*

Yes

No

Are you using a Practice Management System (PMS) on your computer? \*

Yes

No

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1 Welcome 2 Merchant Details 3 Provider Details 4 Summary 5 Signature

ABN\* Registered company name\*  
80027903479 Total First Health

Title\* Given names\* Surname\*  
Dr jphnelis jess

Practice phone (incl Area Code)\* Mobile number\* E-mail\*  
0196007000 0412790300 jphnelis.jess@totalfirst.com.au

If your practice address does not appear, or if you  
have moved, please email us at the address below. [Click for help on this question](#)

Street\*

Suburb\* State\* Post code\*

Is Mailing Address same as site address?\*

Yes No

Select a Receipt Name from the list below

Are you using a Practice Management System (PMS) on your computer?\*

Yes No

Back Continue Save

Application © 2012/2013

ABN \*

80827903479

Registered company name \*

Total Foot Health

Title \*

Dr

Given name(s) \*

Johnelle

Surname \*

Jaws

Practice phone (incl Area Code) \*

0396007000

Mobile number \*

0412790690

E-mail \*

johnelle.j.jaworski@nab.com.au

Address ⓘ

151 Rathdowne Street, CARLTON VIC 3053

Street \*

151 Rathdowne Street

Suburb \*

CARLTON

State \*

VIC

Post code \*

3053

Is Mailing Address same as site address? \*

Yes

No

Select a Receipt Name from the list below ⓘ

LAKSHITHA DILSHAN WAHALATHANTRIGE

Are you using a Practice Management System (PMS) on your computer? \*

Yes

No

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**Request and Authority to Debit the Account Named below to pay HICAPS Pty Ltd and National Australia Bank Ltd**

BSB \*

Account Number \*

Bank Name \*

Account Name \* ⓘ

request and authorise HICAPS Pty Ltd and National Australia Bank Limited User Identification Numbers indicated below to arrange for any amount HICAPS Pty Ltd may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Please attach a deposit slip or bank issued statement from your financial institution for the nominated bank account to validate account details:

[Upload New](#)

 [HICAPS Direct Debit Agreement](#)

 [NAB Direct Debit Agreement](#)

I acknowledge that I have read and understood the terms and conditions governing the debit arrangements between me and HICAPS Pty Ltd as outlined in the above Direct Debit Service Agreements

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## Request and Authority to Debit the Account Named below to pay HICAPS Pty Ltd and National Australia Bank Ltd

BSB \*

083170

Account Number \*

1234567



Bank Name \*

National Australia Bank Limited



Please note the Account Name must match your Bank Statement. This Account will be used for both Debits and Credits. This cannot be an online savings account and must be able to be debited or credited by a third party.



I authorise HICAPS Pty Ltd and National Australia Bank Limited User Identification Numbers indicated below to arrange for any Pty Ltd may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the

financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Please attach a deposit slip or bank issued statement from your financial institution for the nominated bank account to validate account details:

[Upload New](#)

[HICAPS Direct Debit Agreement](#)

[NAB Direct Debit Agreement](#)

I acknowledge that I have read and understood the terms and conditions governing the debit arrangements between me and HICAPS Pty Ltd as outlined in the above Direct Debit Service Agreements

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Application ID: A1VY1J1HK



1 Welcome > 2 Merchant Details > 3 **Provider Details** > 4 Summary > 5 Signature

By activating HICAPS you will be automatically enabled to accept American Express/JCB cards

Do you have an existing Diners, American Express (AMEX), Japanese Credit Bureau (JCB) at this location? \*

Yes

No

Please tick this box if you do not want HICAPS to set up a new AMEX or JCB account to link to your HICAPS facility

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List details for all Providers using this facility at (151 Rathdowne Street, CARLTON VIC 3053)

**Important note:**

- Providers with a registered Number (or with an attached Association Registration Certificate) will be able to make private health claims using the installed HICAPS device.
- Select **EFTPOS ONLY** for no provider application.



Profession/Speciality\*

Given name(s)\*

Surname\*

Attach Document ?

Upload New

[Add](#)

[Remove](#)

Do you require a HICAPS Device at an alternative location?

Yes

No

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Continue

Save

Given name(s)\*

john

Surname\*

jaws

Attach Document ?

Upload New

[Add](#) [Remove](#)

Do you require a HICAPS Device at an alternative location?

Yes

No

**IMPORTANT:** A fixed terminal at an additional location will incur an additional rental fee

### Alternative Locations requiring a HICAPS Device



Address ?

Street \*

Suburb \*

State \*

Post code \*

Is Mailing Address same as site address? \*

Yes

No



Profession/Specialty\*

Given name(s)\*

Surname\*

Attach Document ?

Upload New

Registered Location

[Add](#) [Remove](#)

[Add](#) [Remove](#)

Merchant Practice Details



HICAPS Products

Change

HICAPS Terminal

HICAPS Terminal

HICAPS Go

For HICAPS Terminal, Fixed or Mobile?

Fixed Terminal

Merchant Details

Change

ABN	80827903479
Registered company name	Total Foot Health
Title	Dr
Given name(s)	Johnelle
Surname	Jaws
Practice phone (incl Area Code)	0396007000
Mobile number	0412790690
E-mail	johnelle.j.jaworski@nab.com.au
Site Address	151 Rathdowne Street CARLTON VIC 3053
Mailing Address	151 Rathdowne Street CARLTON VIC 3053
Name on the Receipt	(No answer)
Are you using a Practice Management	No

E-mail	johnelle.j.jaworski@nab.com.au
Site Address	151 Rathdowne Street CARLTON VIC 3053
Mailing Address	151 Rathdowne Street CARLTON VIC 3053
Name on the Receipt	(No answer)
Are you using a Practice Management system (PMS) on your computer?	No

**Merchant Amex Details**

[Change](#)

Do you have an existing Diners, American Express (AMEX), Japanese Credit Bureau (JCB) at this location?	<input checked="" type="radio"/> No
Existing AMEX Merchant Number	(No answer)
Existing JCB Merchant Number	(No answer)
Existing Diners Merchant Number	(No answer)
Do you want HICAPS to setup a new AMEX or JCB account to link to your HICAPS Facility	Yes

[Merchant Bank Details](#)



[Provider Details](#)



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**The person/s acknowledging the below and signing this form confirms their authority to do so**

- I/we agree to be bound by the HICAPS Provider Agreement, NAB Merchant Agreement, and the HICAPS Equipment Agreement (if applicable) for all locations listed within this application
- I/we agree that HICAPS may use the business details I have provided for reasonable purposes in connection with the promotion of the HICAPS service, including by publishing those details in a list of Health Service Providers that are currently using HICAPS
- I/we agree for HICAPS to issue details of my account to the [Funds Listed](#), who have agreed to transact with myself/us, for the purpose of crediting my/our account for claims processed via the HICAPS network

**HICAPS BUNDLE (TERMINAL & HICAPS GO) FEES**

Type of Fee	Fee Amount	Fee Description
Establishment Fee	Waived	A once only fee charged upon establishment of the Merchant Services.
NAB Service Fee - HICAPS Terminal	0.6%	This is a fixed percentage per transaction. This is NAB's fee for providing the service to you. It is payable in addition to the Card Issuer Interchange Fee and (where applicable) the UnionPay Service Fee.
NAB Service Fee - HICAPS Go	1.00%	For more details refer to <a href="#">Pricing Notes*</a>
Debit	0.25	Per debit card transaction
Terminal Fee	\$25.00	Refer to HICAPS Equipment Agreement if applicable

In addition to the fees detailed in the above table, please view the full Pricing Offer Schedule [here](#)

Read the below Agreements prior to accepting the terms\*

[HICAPS Provider Agreement](#)

[NAB Merchant Agreement](#)

[HICAPS Equipment Agreement](#)

I agree to the above terms and conditions

**Director / Partners to sign or upload signature**

Enter First Name \*

Enter Last Name \*

Position \*

Director/Partner

## Director / Partners to sign or upload signature

Enter First Name \*

This is a required field

Enter Last Name \*

This is a required field

Position \*

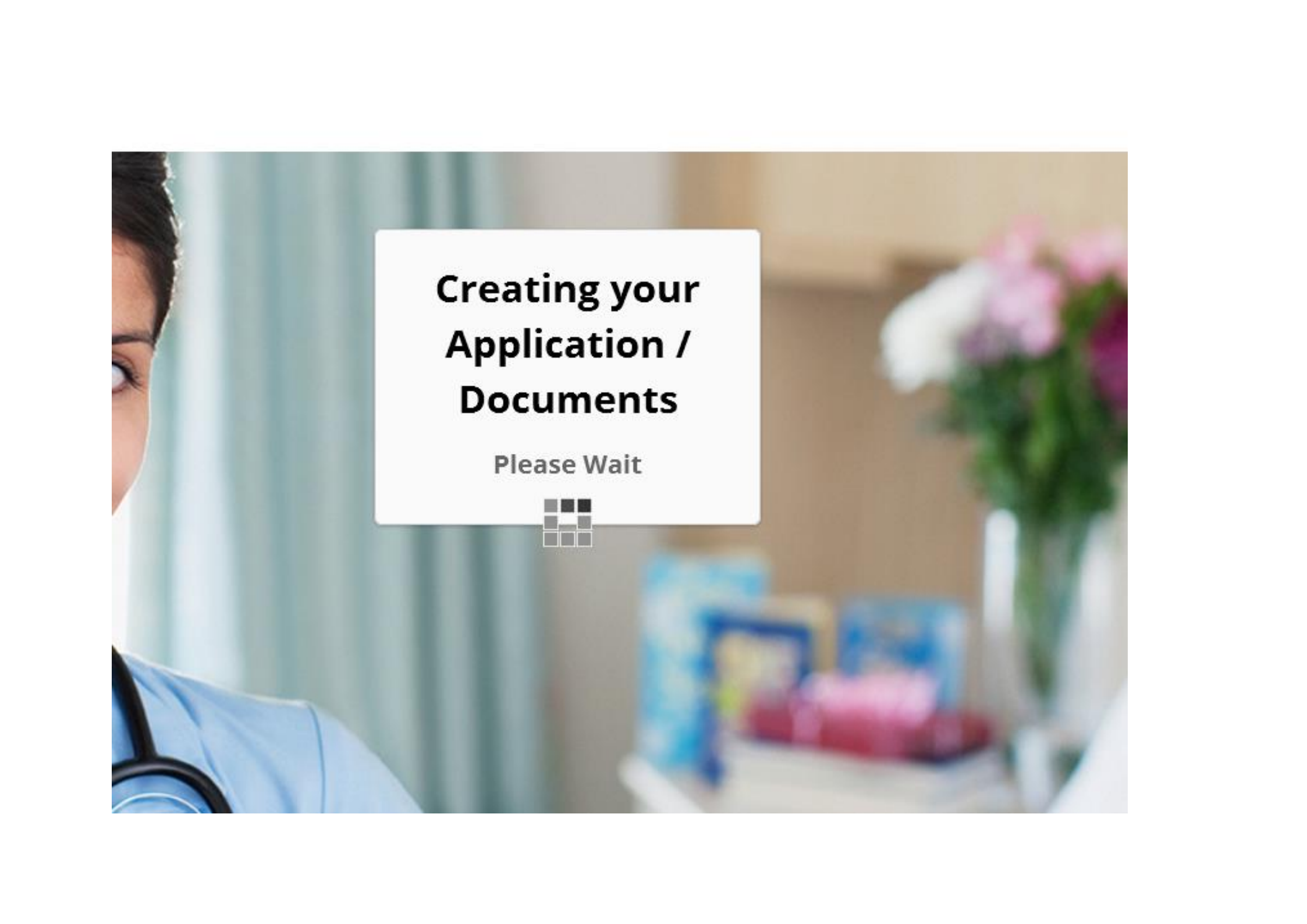
This is a required field

I acknowledge that I have read and understood the above agreements between me and HICAPS Pty Ltd

Would you prefer to upload an image of your signature? \*

Please sign in the below box using either your mouse (if using a PC or laptop) or your finger (if using a mobile device) \*

A rectangular box containing a handwritten signature in black ink. The signature consists of a large, stylized 'X' shape with a horizontal stroke extending to the right.



## **Creating your Application / Documents**

Please Wait





**Thank you for completing the HICAPS New Merchant Application Form.**  
**You can download your application here if you would like to keep it for future reference.**  
**You will receive an email shortly with details of the next steps in your application.**

**2 Files** ([Download All](#))

- [A1VY111HK\\_80827903479\\_20180518 \(pdf\)](#)
- [HICAPS Application A1VY111HK \(xml\)](#)