**HCP BILLER AUTHORITY DEED**

This Deed must be completed and submitted to Independence Australia by the **Organisation responsible for paying the invoices**.   
This Deed will enable the Client (or their representative) to place orders.

**Please note: if all orders will be placed by the Organisation directly with Independence Australia, this form is not required to be completed, as orders will be processed on the organisation’s account.**

Please email the completed form to [customerservice@iagroup.org.au](mailto:customerservice@iagroup.org.au).  
**Please ensure all details are completed and correct before submitting for processing.**

|  |  |
| --- | --- |
| Recipient Name (Client): |  |
| Recipient Account Code:  (if known) |  |
| Recipient Address: |  |
| Recipient Reference #:  (eg. Claim #, UR #) |  |
| Recipient Contact Number: |  |
| Recipient Email Address:  (for webstore registration) |  |
| Does funding cover Nutrition products? |  |
| Does funding cover Wound Care products? |  |
|  |  |
| HCP Organisation Name:  (responsible for paying invoices) |  |
| ABN: |  |
| HCP Postal Address: |  |
| HCP Email Address for Invoices: |  |
| HCP Email Address for Statements: |  |
| HCP Contact Name: |  |
| HCP Contact Phone #: |  |
| Expected Monthly Spend  (for this client with IA): |  |
| Other Notes: |  |

**Please note: If the Expected Spend per month not specified, a $400 limit to purchases will be applied. Any higher limit will be at Independence Australia’s discretion and may be revoked if prompt payment does not occur.**

**If large, ad hoc orders are required, pre-payment can be arranged on a Proforma Invoice.**

**Please complete both pages of the Biller Authority Deed before submitting.**

The HCP Provider:

1. acknowledges that they will be liable for knowingly placing an order that exceeds the Recipient’s funding balance or was aware/could foresee that the client’s funding would be insufficient to meet the total cost of the order or the items ordered are not covered under the client’s plan
2. is solely responsible for advising Independence Australia in writing if the client’s fund is materially reduced or ceases.
3. has obtained the authority of their client to use and share the information to facilitate the fulfilment of orders.

Our Privacy Policy can be found at <https://www.independenceaustralia.com.au/privacy-policy/>

**Signed as an Agreement for the Provider**

**Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_\_ (DD/MM/YYYY)**