



SIMS Provider Update Request Form

Section A – Agency Details

WARNING Incomplete or incorrect information will result in your application being delayed. To avoid delays in processing please fill in ALL information. If you are unsure of any details, please contact the SIMS Help Desk on **8226 4170** for advice.

Agency Site	Contact Name
Email Address	Phone
SIMS Site Supervisor Signature: _____ Date: _____ (dd/mm/yyyy)	

Section B – Provider Details (Please tick)

Create New Provider Modify Provider Details

Section C – Check List

Copy of Original Accounts will be required with the following details

- Service item Code
- Medicare Number
- Provider Name
- Provider Location Address
- Description of Goods and Services
- Provider Telephone Number
- Provider Facsimile Number
- ABN Number
- Workcover Provider Number

Section D – Give a Brief Description of Issue

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FAX to SIMS Help Desk (08) 822 62730

PSWW - Processed by:

Date: _____
(dd/mm/yyyy)