



Australian Government

Comcare

APPLICATION FEE FOR INITIAL APPROVAL AS A COMCARE REHABILITATION PROVIDER \$2000

INVOICE

Applications for approval as a rehabilitation provider (workplace rehabilitation provider) must be accompanied by the prescribed fee of \$2000. Please note, these fees are GST-free.

Please complete this form and submit it with your completed application even if paying by EFT. If not paying by EFT, please enclose a cheque or complete the credit card payment details below. *This fee is non-refundable, including applications that are unsuccessful.*

For all enquiries please phone 1300 366 979 or email rehab.approval@comcare.gov.au

APPLICANT DETAILS

Title	<input type="text"/>	Family name	<input type="text"/>	Given names	<input type="text"/>
Position	<input type="text"/>				
Organisation	<input type="text"/>	ABN	<input type="text"/>		
Postal address	<input type="text"/>				
	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone	(<input type="text"/>) <input type="text"/>	Fax	(<input type="text"/>) <input type="text"/>		
Email	<input type="text"/>				

PAYMENT METHOD

Visa Mastercard Cheque enclosed (made payable to Comcare)

EFT

BSB: 062-900

Account name: Comcare Drawing Account

Account No: 164800

Bank: Commonwealth Bank of Australia

NB: If you pay by EFT you must use ref: 'Initial application' and you 'Provider name'.

A receipt will be sent to you after payment has been received.

Card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder's name	<input type="text"/>																		
Cardholder's signature	<input type="text"/>																		
Expiry date	<input type="text"/>	/	<input type="text"/>	Cardholder's phone number	(<input type="text"/>) <input type="text"/>														