** NHI Lookup Application Form**

Please complete the following form and send to [newuser@healthlink.net](mailto:newuser@healthlink.net)

Once HealthLink receive your application, a comprehensive NHI application pack will be posted to the person you indicate on the application form. This application pack needs to be completed in full and posted back to HealthLink. Please note that the process of approval may take 6 weeks or longer. You will be notified by HealthLink once the NHI Access has been implemented for your practice.

The cost of NHI Lookup is included with a HealthLink Messaging System or HealthLink SecurIT subscription. If you do not use either of these HeatlhLink Services, you will be charged $15 + GST per month to use the NHI Lookup service.  
  
NHI Lookup is compatible with Internet Explorer for Windows and Firefox for Mac.

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| **Practice/Organisation Name** |  |
| **Street Address** |  |
| * **Suburb** |  |
| * **City** |  |
| * **Post Code** |  |
| **Postal Address** Only complete postal address if different to the street address |  |
| * **Suburb** |  |
| * **City** |  |
| * **Post Code** |  |
| **Telephone** |  |
| **Fax** |  |
| **Email Address** |  |
| **Applicants First Name** Unless Requested in the comments section below the application pack will be posted to the applicant below. |  |
| **Applicants Last Name** |  |
| **Additional Comments** |  |

**Signature  
  
By signing this application form, I hereby confirm that I am authorised to apply to use the NHI Lookup service on behalf of the Organisation / Practice listed above.**

|  |  |
| --- | --- |
| **Applicants Signature** | **X** |
| **Applicants Position** |  |