

Transfer Application Provider Number Information

In order to successfully transfer your information from your current association to AMT, we require a list of your active Provider Numbers, along with the practice address they are attached to.

Please complete the table below and email to info@amt.org.au to accompany your transfer application.

PLEASE NOTE: To prevent any gaps in your coverage, we recommend keeping your current association membership for at least the next 4-6 weeks while we report your transfer to the Health Funds.

Name	Date of Birth	Current Association Membership Number

Health Fund	Practice Address	Provider number