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130 Hannan Street, Kalgoorlie
PO Box 855, Kalgoorlie WA 6433

Goldfields Occupational Medicine – Account Application

Please note the specific terms and conditions of our accounting. These conditions must be fully adhered to in order to ensure we maintain your company needs and that medical and accounts get to you in a timely manner. In addition, we also ask that you make payment to us in a similar manner.

1. All accounts are strictly 30 days.
2. Overdue accounts attract a 10% overdue fee calculated daily
3. Remittance advice is absolutely essential so we can trace your payment into our accounts
4. Remittance by email to accounts@gomed.com.au
5. Payment preference is by Direct Deposit to our account listed on all invoices
6. Medical results can only be sent to **one** nominated email address. Please do not ask us to include additional accounts due to privacy issues involved with emailing medical documents.
7. We send only one invoice to you which is raised at the time of consult completion.
8. Cheques can be posted to PO Box 855, Kalgoorlie WA 6430
9. EFTPOS payments by phone are accepted, except for AMEX and Diners card holders.
10. **Failure to attend appointments or cancellations without 24 hours' notice will incur 100% of fees.**
11. Please submit this application as soon as possible to allow us to process it in a timely manner.

| Application Details | | | |
|---|------------|-------|--|
| Business Trading Name | | | |
| Legal Business Name | | | |
| ABN / ACN Number | | | |
| Accounts Postal Address | | | |
| Accounts Contact | | Phone | |
| Accounts Email | | | |
| Human Resources Contact | | Phone | |
| Secure Email (Result Delivery) | | | |
| Secure Fax Number ** | | | |
| <i>** This will be used in any situation where internet or email access is not available.</i> | | | |
| Work Cover Number | WC: | | |
| Name of Applicant | | | |
| Signature of Applicant | | | |
| <i>If submitting this document online, please re-enter your name in the signature field.</i> | | | |