[Insert Company Letterhead]

**Date: [Insert Date]**

**To:** Services Australia
 Digital Health Branch

**Subject: Change of Minor ID Request**

Dear Sir/Madam,

As Chief Financial Officer of [Insert Company Name], I am writing to formally request a change to our Minor ID for Medicare and Department of Veterans Affairs (DVA) online claim submission. This is due to us undertaking a billing / software change as the developer has had to move to new Minor IDs.

We currently use the following Minor ID:

* Current Minor ID: [Insert Current Minor ID]

And intend to migrate to the new Minor ID:

* New Minor ID: [Insert New Minor ID]

Address of the site affected: [Insert Clinic or Hospital Address]

I confirm that no provider bank account details will be changed without the individual signed authority of each health professional. I can also confirm that all health professionals involved in this change have been advised and have agreed to the changes. Please reassign all Provider numbers associated with the current Minor ID to the new Minor Id as per the HW027 form and the spreadsheet provided. We would like to schedule this change to begin processing as of [Insert Processing Date].

I acknowledge that any claims submitted via the current Minor ID will no longer be processed after this change has been initiated. Thank you for your assistance in this matter.

Kind regards,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Print and Sign]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**[Insert Full Name]**
Chief Financial Officer
**[Insert Company Name]**
**Phone:** [Insert Phone Number]
**Email:** [Insert Email Address]