



## Northern NSW Local Health District – Credit Card Payment Form

Enter the details of the payment below. All fields marked with an asterisk \* **must be completed**

*	<b>Family Name</b>		Family Name of person making the application
*	<b>Given Name:</b>		Given name of person making the application
*	<b>Cardholder name:</b>		Name on Credit Card
*	<b>Card Number:</b>	____ / ____ / ____ / ____	
*	<b>Card Type:</b>		
*	<b>Card Expiry Date:</b>	__ / __	Eg 05/18
*	<b>Amount:</b>	\$	An Application fee under the GIPA Act is \$30 HRIPA (Medical Records) Application Fee is \$33 Internal Review Application Fee is \$40
	<b>Optional:</b> Send receipt to: Mailing address or eMail (circle one)	<b>Paying:</b> <input type="checkbox"/> Application Fee payment <input type="checkbox"/> Advanced Deposit Processing Charges <input type="checkbox"/> Balance Processing Charges <input type="checkbox"/> Processing Charges – Total Amount <input type="checkbox"/> Internal Review Application Fee	

Please forward with your access application form.

### Merchant Details

<b>Merchant Name:</b>	Northern NSW Local Health District
<b>ABN:</b>	67 284 856 520
<b>Address:</b>	Locked Mail Bag 11 LISMORE NSW 2480
<b>Email Address:</b>	<a href="mailto:NCA-AreaCorporateRecordsAndGIPA@ncahs.health.nsw.gov.au">NCA-AreaCorporateRecordsAndGIPA@ncahs.health.nsw.gov.au</a>
<b>Phone:</b>	6620 2100
<b>Website:</b>	<a href="http://www.nnswlhd.health.nsw.gov.au">www.nnswlhd.health.nsw.gov.au</a>

This form will be securely stored until payment has been confirmed. Once payment is confirmed, the credit card information will be destroyed according to Departmental procedures