

Client information form

Please fill in the relevant information below and return form to Hospital Accounting Services (By post or Fax. Fax number 01 4928040)

Client name/ title: Dr

.....

Speciality:

Letters required after your name on bill heads

Hospital / Hospitals

.....

Insurance company doctor numbers

VHI

Quinn Health

Hibernian Health

GMA

Correspondence address:

.....
.....
.....
.....
.....

Bank Account details:

Sort code

Account number

Contact phone number

Email address

Secretary's name (if applicable)

Secretary's contact details. Ph:

Email:

For office use only: Client number