

CONSULTING CLINICIAN & CLINIC NAME

Consulting Clinician

Clinic

Provider ID

1. RESPONSIBLE PARTY FOR PAYMENTS. *Indicates a MANDATORY FIELD

A Responsible Party must be an Australian citizen, employed, 18 years of age or older and not subject to bankruptcy or any debt agreements.

*Title	*First Name	*Last Name	*DOB (DD/MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Residential Address			*Mobile Phone Number
<input type="text"/>			<input type="text"/>
*Suburb			*Home Phone Number
<input type="text"/>			<input type="text"/>
*State	*Postcode		*Work Phone Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
*Email Address – required for statements and notifications			*ID No. (Medicare/Passport/Driver's Licence)
<input type="text"/>			<input type="text"/>

2. CLIENT UNDERGOING TREATMENT. *Indicates a MANDATORY FIELD

*First Name	*Last Name	*DOB (DD/MM/YY)	Clinic Client ID No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. THE PAYMENT PLAN

Total Treatment Fee	Min 20% Deposit Paid to Clinic	Payment Plan Amount	Number of Debits	Direct Debit Amount
\$ <input type="text"/>	– \$ <input type="text"/>	= \$ <input type="text"/>	÷ <input type="text"/>	= \$ <input type="text"/>

The **first Direct Debit Amount** will be debited on the (DD/MM/YY) followed by the Direct Debit Amount above each (please tick frequency): ☐ Week ☐ Fortnight ☐ Month

I, the Responsible Party as detailed above, agree to the Payment Plan as set forth in Section 3. Please sign:

4. CHOOSE YOUR DIRECT DEBIT REQUEST PAYMENT METHOD

I/We, authorise and request Payment Advantage Pty Ltd T/A MyHealth&Beauty Payment Plan Solutions ABN 99 107 018 182, until further notice in writing, to arrange for my/our account as described in Schedule 1 or 2 specified below, provided that if no amount is specified, the account may be debited with any amounts which I/ we must pay to you under the arrangements. Schedule 1 of this Direct Debit Request allows for Payment Advantage Pty Ltd T/A MyHealth&Beauty Payment Plan Solutions ABN 99 107 018 182 to debit the nominated amount as the Debit User specified in the Bulk Electronic Clearing System (CS2) under Debit User ID No. 317892.

<input type="checkbox"/> Bank Account - Schedule 1 \$0.88 fee for bank account transactions Account Holder Name (Please complete using CAPITAL LETTERS) <input type="text"/> BSB Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank or Financial Institution <input type="text"/> Signature on Nominated Account <input type="text"/> Date of Signing (DD/MM/YY) <input type="text"/>	<input type="checkbox"/> Credit or Debit Card - Schedule 2 1.75% fee MasterCard & Visa transactions. 1.75% fee Amex transactions. Name of Cardholder (Please complete using CAPITAL LETTERS) <input type="text"/> Card Number (Visa, MasterCard or Amex) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date (MM/YY) <input type="text"/> <input type="text"/> Cardholder Signature <input type="text"/> Date of Signing (DD/MM/YY) <input type="text"/>
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ACKNOWLEDGEMENT: I/We have read the Direct Debit Request Service Agreement and the MyHealth&Beauty DDR Payment Plan Terms & Conditions and agree to their terms and conditions. I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred, or otherwise altered in accordance with the Direct Debit Request Service Agreement. I/We confirm the bank account or credit card details as set out above are correct and this Direct Debit Request is signed by all the authorised signatories required by the financial institution where my/our account is held.

CLINIC USE ONLY

Submit this DDR Payment Plan & the signed Payment Plan Agreement to payplans@healthbeautypayplans.com.au

Direct Debit Request (DDR) Service Agreement & Health&Beauty Payment Plan Agreement



DIRECT DEBIT REQUEST SERVICE AGREEMENT

1. Payment Advantage Pty Ltd, t/a MyHealth&Beauty Payment Plan Solutions and/or MyHealth&Beauty ABN 99 107 018 182 as Debit User (ID No. 317892) will initiate direct debit payments in the manner referred to within the MyHealth&Beauty Direct Debit Request as per Section 3 The Payment Plan and Section 4 Direct Debit Request Schedule 1 or 2.
2. Debit payments will be made when due. MyHealth&Beauty will not issue individual confirmation of payments made. Statements are available on request.
3. MyHealth&Beauty will give you at least 14 days' written notice if MyHealth&Beauty proposes to vary details of this arrangement, including the amount and frequency of payments.
4. If you wish to defer any payment or alter any of the details referred to in the Schedule or Payment Plan, then you must either contact MyHealth&Beauty on 1300 810 324 or write to MyHealth&Beauty at the following address: MyHealth&Beauty PO Box 3156 Southport QLD 4215.
5. Any queries concerning debit payments or disputed debit payments must be directed to MyHealth&Beauty as Debit User in the first instance.
6. Direct debiting is not available on the full range of accounts at all financial institutions. If in doubt, you should check with the financial institution before completing the Direct Debit Request.
7. You should ensure that the account details given in the Schedule are correct by checking them against a recent statement from the financial institution at which the account is held.
8. By signing this Direct Debit Request, you warrant and represent that they are duly authorised to request the debiting of payments from the account described in the Schedule.
9. The signature used for the Direct Debit Request must be identical to the signature used in connection with your nominated bank account and/or the primary cardholder of the credit card account.
10. It is your responsibility to have sufficient cleared funds available in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
11. If a debit payment falls due on any day which is not a banking business day, the debit payment will be made on the next banking business day. Monthly Direct Debits cannot be scheduled on the 29th, 30th or 31st.
12. If a debit payment is returned unpaid, MyHealth&Beauty may charge you a fee for each unpaid item.
13. If you wish to cancel a Direct Debit Request or stop individual debit payments you must give at least 7 days written notice to Health&Beauty. This may be arranged by calling Health&Beauty on 1300 810 324.
14. Except where the account or banking service terms and conditions permit disclosure, and except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required or permitted by law, Health&Beauty will keep details of your account and debit payments confidential.

HEALTH&BEAUTY PAYMENT PLAN AGREEMENT

1. By entering into a MyHealth&Beauty DDR Payment Plan you acknowledge and agree that your scheduled direct debit payments and entire payment plan are affordable to you and remains your financial responsibility until the entire payment plan is paid in full.
2. If a scheduled direct debit fails for any reason the failed scheduled direct debit payment will automatically be rescheduled and transacted within five banking business days, unless otherwise arranged with you by MyHealth&Beauty or its agents.
3. If your financial institution rejects any of our attempts to debit your account, in accordance with your DDR Sections 3 & 4, an irrevocable reprocessing fee of up to \$38.50 will be added to your payment plan and automatically debited from your account.
4. If your MyHealth&Beauty Payment Plan account is in arrears greater than 90 days it shall be deemed in default and the total payment plan amount outstanding may become immediately payable. Legal and debt collection costs incurred by MyHealth&Beauty or its agents in recovering outstanding debt or arrears or scheduled payments from you will be your responsibility and added to the amounts owed by you to MyHealth&Beauty or its agents.
5. Under Part 3A of the Privacy Act a Responsible Party holding a MyHealth&Beauty Payment Plan which is in default will be subject to a default listing with a credit reporting body such as Veda.
6. Under Part 3A of the Privacy Act we may contact a credit reporting body such as Veda to obtain a credit report about you.
7. Your information within your MyHealth&Beauty Payment Plan is required to provide the MyHealth&Beauty service. Your information may be disclosed to third parties relevant to your MyHealth&Beauty Payment Plan and MyHealth&Beauty's internal or external debt collection agencies where necessary.
8. In the event of a dispute relating to your treatment you and your chosen healthcare provider/s are required to provide Health&Beauty full details of your treatment relative to your MyHealth&Beauty Payment Plan and you give consent to your chosen healthcare provider/s to disclose your information directly to MyHealth&Beauty for the purpose of dispute resolution.
9. MyHealth&Beauty will provide at least 14 days' notice of any changes to the terms and conditions of this MyHealth&Beauty Payment Plan Agreement.
10. Any amendments or deferments of any of the debit arrangements as set out in Section 3 of the Direct Debit Request may result in additional fees and charges which you will be advised of at the time.
11. Evidence of your Age, Bankruptcy or Debt Agreement Status, Citizenship and Employment Status may be required from you at any time prior to or during your MyHealth&Beauty Payment Plan. Failure to provide requested detail may result in the cancellation of your MyHealth&Beauty Payment Plan.
12. MyHealth&Beauty reserves the right to reject, suspend or cancel any Payment Plan at any time for breach of this agreement.

13. COMPLIANCE ACKNOWLEDGEMENT (Clause 13 of MyHealth&Beauty Payment Plan Agreement Terms & Conditions)

By signing the Direct Debit Request as the Responsible Party for the Payment Plan you acknowledge & confirm that:

- a) You are providing accurate and valid details within your MyHealth&Beauty Direct Debit Request Payment Plan.
- b) You are an Australian Citizen residing permanently in Australia.
- c) You are Employed and have adequate income to honour the scheduled payments as per your signed Payment Plan.
- d) You are 18 years of age or older.
- e) You are not subject to bankruptcy or any debt agreements.

I, as the signing Responsible Party for Payments, agree to the MyHealth&Beauty Direct Debit Request Service Agreement & Payment Plan Agreement

Name of Responsible Party for Payments	Signature	Date of Signing (DD/MM/YY)
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