

# PathWest Electronic Reports Account - Provider Information Update Form

## Purpose:

This form is used to notify PathWest of any new or updated Provider details for clients or health professionals, ensuring that pathology referrer information is accurately maintained for the PathWest Electronic Results Delivery service.

**Note:** If any of your Provider details associated with your HealthLink EDI have changed, please ensure you also **contact HealthLink directly** so they can update their records accordingly.

### 1. Organisation's Details

Company Name	
Trading Name	
HealthLink EDI	
Physical Address	
Postal Address	
Phone	
Fax	
Email Address	

### 2. Authorised Representative Details (Primary contact person for the organisation regarding this new or changes)

Full Name	
Phone Number	
Email Address	
Position or Title	
Additional Information	

### 3. Provider / Applicant Information

Provider details for each practitioner or applicant that need to be added or removed for PathWest Result delivery.

Add New	Remove Existing	Provider Name	Medicare Provider Number	Contact Email Address


#### 4. Declaration

**I, the authorised representative of the organisation listed above, declare the following:**

- ☐ Adding a new Doctor provider number, I authorise the switch-off of hard copy reporting for this new provider number for this practice/site.
- ☐ Removing existing Doctors provider number, PathWest will set them to Hard Copy only.

#### 9. For Application Submission and Technical Support

- **Email: PathWest IT - PathWest Electronic Results**  
[pathwestelectronicresultssupport@health.wa.gov.au](mailto:pathwestelectronicresultssupport@health.wa.gov.au)
- **Phone number:** (08) 6383 4900
- **General enquiries:** Call 13PATH