

# Metro North Brisbane Medicare Local: Partners Program

Thank you for registering with our Partners Program.

<b>Organisation</b>		<b>Contact name</b>	
<b>Type</b>	<input type="checkbox"/> Health service provider (non-government) <input type="checkbox"/> Health service provider (Queensland Health) <input type="checkbox"/> General Practice <input type="checkbox"/> Allied health professional <input type="checkbox"/> Social / welfare support service <input type="checkbox"/> Nursing service <input type="checkbox"/> Aged care provider <input type="checkbox"/> Specialist <input type="checkbox"/> Other		
<b>Description of service</b>			
<b>Business address</b>			
<b>Preferred mailing address</b>			
<b>Phone</b>		<b>Fax</b>	
<b>Email</b>		<b>Website</b>	
<b>Preferred method to receive publications and other communications</b>	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Hardcopy / mail		

- Please subscribe us to the mailing list for the Metro North Brisbane Medicare Local to keep us informed about developments.
- I give permission for the above details to be included on a referral database or service directory which will be available to other healthcare providers and consumers.
- I do not give permission for the above details to be included on a referral database or service directory. Please provide me with more information when available.

Signed..... Date .....

Thank you. **Please fax to 07 3630 7809 or email [marissa.greci@gppartners.com.au](mailto:marissa.greci@gppartners.com.au).**  
 We'll be in touch soon with our regular Medicare Local news.