

When to use this form

Providers and organisations whose primary role is the provision of health care services can use this form to apply for online claiming with Services Australia and the Department of Veterans' Affairs.

Any provider not yet registered for online claiming will need to complete the **Bank account details for Online Claiming (HW052)** form. You can download a copy of this form at servicesaustralia.gov.au/hpforms

The terms and conditions of this agreement apply at all locations where you use online claiming to transmit electronically to us.

For more information

Go to servicesaustralia.gov.au/healthprofessionals or call **1800 700 199** Monday to Friday, 8 am to 5 pm (local time). Call charges may apply.

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ☐ ► **Go to 1** skip to the question number shown.

Your details

1 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Second given name

2 Medicare provider number

or

Other vaccination provider number (AIR only)

► **Go to 12**

3

Provide your:

- Public Key Infrastructure (PKI) Registration Authority (RA) number, if claiming through the client adaptor, or
- Provider Digital Access (PRODA) Registration Authority (RA) number, if claiming through web services.

Registration Authority (RA) number

If you are not registered with us for a PKI certificate, go to servicesaustralia.gov.au/pki

If you are not registered for PRODA, go to servicesaustralia.gov.au/PRODA

Application

I wish to apply to conduct transactions with Services Australia electronically using online claiming.

The terms and conditions of my legal relationship with Services Australia in respect of transactions conducted using online claiming are set out below.

4 Approved software

When conducting a transaction with Services Australia using online claiming, I must use a version of a software product approved by Services Australia.

I understand that Services Australia may revoke its approval of a version of a software product at any time. By approving a particular version of a software product, Services Australia is not stating that the product is suitable for any purpose or that the product meets any quality standards.

5 Security and Authentication

I must ensure that all communications I send to Services Australia using online claiming are signed and secured with a Medicare PKI Site certificate or PRODA organisation.

6 Privacy

I must not send any personal information (as identified in the *Privacy Act 1988*) to Services Australia using online claiming unless the information is encrypted using Medicare PKI Site certificate or PRODA organisation.

7 Services Australia's rights

Services Australia may from time to time change its technical requirements in relation to the use of online claiming which may require me to upgrade my software.

Services Australia is not responsible for any costs, losses or damage I, or people acting on my behalf, incur in connection with the online claiming system including, without limitation, communications costs, software acquisition or support costs or losses associated with the online claiming system being from time to time inoperative or inaccessible.

8 Termination

Services Australia may, at its absolute discretion, at any time suspend or terminate my right to communicate with Services Australia using online claiming, whether because of a breach of these terms or for any other reason.

I may terminate this contract with Services Australia at any time by giving a written notice to Services Australia. I understand that I will not be able to conduct transactions with Services Australia using online claiming after I give such notice.

If this agreement is terminated, my obligations under clauses 9 and 11 will continue in respect of any claims I made using online claiming before the date of termination.

9 Retention of records

If I lodge a Medicare claim assigned to me under section 20A of the *Health Insurance Act 1973* (a 'bulk bill claim') using online claiming, I must ensure that I am able to provide, in response to a request from Services Australia, evidence of service to a patient.

To assist you, evidence of service may be demonstrated through provision of:

- electronic billing information
- notes in practice software
- appointment records
- copy of assignment of benefit forms (if retained)
- other records that may provide evidence of service to a patient.

10 Changes to terms and interpretation

Services Australia may change or add to these terms at any time, by giving me notice by:

- mail
- fax
- email, a message sent to my business email address, as held in Services Australia's records, or
- the notice published on Services Australia's website at **servicesaustralia.gov.au/healthprofessionals**.
It is my responsibility to check this website regularly for any notices.

If I use online claiming after I have been notified of a change or addition to these terms, I will be taken to have agreed to the change or addition in respect of all uses of online claiming after that date. These terms may not be changed orally or by conduct.

For the purpose of clauses 4 to 10 of these terms, the use of online claiming by a person acting on my behalf is taken to be a use of online claiming by me.

I must ensure that people acting on my behalf do not do anything that these terms prevent me from doing.

11 Medicare Site certificate and PRODA transmissions

This clause applies whenever I, or someone acting (or purporting to act) on my behalf, lodges a bulk bill claim regarding health services I have rendered using a Medicare PKI Site certificate or PRODA organisation.

From time to time, **within 30 days** of receiving a written request from Services Australia, I must sign, date and give to Services Australia a written declaration about the bulk bill claims lodged by me or on my behalf for a period determined by Services Australia (such period **not to be of greater duration than 6 months**, and the commencement of the period **not to be more than 12 months** before the date of Services Australia's request). My declaration must be substantially in the form (if any) required by Services Australia.

If I lodge a declaration with Services Australia that corrects information in respect of a bulk bill claim previously lodged with Services Australia by me or on my behalf and, as a consequence of that correction, Services Australia determines that it has paid a Medicare benefit to me inappropriately, I must, on demand by Services Australia, immediately:

- repay to Services Australia an amount equal to the relevant benefit, **and**
- pay interest to Services Australia on the amount of the relevant benefit, from the date the benefit was paid to me by Services Australia, until the date I repay the amount of the benefit to Services Australia, at the rate from time to time prescribed for the purposes of section 129AC of the *Health Insurance Act 1973*.

If, for any reason whatsoever, I fail to sign, date and give to Services Australia a declaration **within 30 days** as required by this clause, then I must, on demand by Services Australia, immediately:

- repay to Services Australia an amount equal to all Medicare benefits paid to me by Services Australia as a consequence of bulk bill claims lodged by me or on my behalf during the period that the declaration should have covered, and
- pay interest to Services Australia on the amount of those benefits, from the date the benefits were paid to me by Services Australia, until the date I repay the amount of the benefits to Services Australia, at the rate from time to time prescribed for the purposes of section 129AC of the *Health Insurance Act 1973*.

Services Australia may (at its discretion) set off any amount from time to time owing by me to Services Australia under this clause against any Medicare benefits or any other amounts at any time payable by Services Australia to me.

Location identifier

12 Minor ID (location ID)

Practice details

Only complete questions 13 to 17 if you are a practice.

13 Practice name

14 Practice address

Postcode

15 Postal address (if different to above)

Postcode

16 Practice contact name

17 Daytime phone number

Fax number

Email

Organisation details

Only complete questions 18 to 22 if you are an organisation.

18 Organisation name

19 Organisation address

Postcode

20 Postal address (if different to above)

Postcode

21 Organisation contact name

22 Daytime phone number

Fax number

Email

Financial institution details

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

Payments cannot be made to an account used exclusively for funding from the National Disability Insurance Scheme.

23 Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

24 What type of online transactions do you want paid to this account?

Tick all that apply

Medicare bulk bill and Department of Veterans' Affairs claims ☐

Australian Immunisation Register claims ☐

Additional software for the Australian Immunisation Register

Complete questions 25 to 26 if you are registering your software to transact with the **Australian Immunisation Register (AIR)**. You do not need to complete this section if you are not reporting to the AIR. Your Minor ID (location ID) needs to be added to your record before you are able to make AIR transactions via web services enabled software.

25 Do you want to register your software to transact with the Australian Immunisation Register?

No ☐ **Go to 27**

Yes ☐

26 Is this an additional software product that you wish to register? (for example, additional to a Medicare/PBS software product)

No ☐

Yes ☐

Privacy notice

- 27** Your privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

28 I declare that:

- the organisation's primary role that I am claiming on behalf of, is the provision of health care services.
- the information I have provided in this form is complete and correct.

I agree with:

- the terms and conditions of this agreement.

I understand that:

- the location claiming for the services provided is responsible for the provision of health care services only.
- the health professional is responsible for the claims lodged, not the organisation.
- giving false or misleading information is a serious offence.

Provider's signature



Date

/ /

Returning this form

Return the completed form:

- **by post to:**
Services Australia
The Manager
Medicare Provider Services
GPO Box 9822
MELBOURNE VIC 3000
- by email to: **provider.forms@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- by fax to: **1300 505 866**