

## Purpose of this form

Use this form to apply for online claiming with the Australian Government Department of Human Services and the Department of Veterans' Affairs.

You only need to complete one agreement, however bank details must be provided for each location. To register bank details for another location use the **Banking Details - Online Claiming form (HW052)**. You can download a copy of this form at [humanservices.gov.au/health-professionals/forms/](http://humanservices.gov.au/health-professionals/forms/)

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

## Who should complete this form

Providers and organisations whose primary role is the provision of health care services may register to lodge claims electronically.

## For more information

For more information about online claiming, go to [humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals) or call **1800 700 199** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

**Note:** Call charges apply from mobile phones.

## Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or ✗

## Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form to:

**Department of Human Services**

**The Manager**

**eBusiness Service Centre**

**GPO Box 9822**

In your capital city

or

Scan and email to: [ebusiness@humanservices.gov.au](mailto:ebusiness@humanservices.gov.au)

or

Fax: **03 9605 7981**

## Your details

1 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

2 Provider number

3 If you are not registered with us for a Public Key Infrastructure (PKI) certificate, go to [humanservices.gov.au/pki](http://humanservices.gov.au/pki)

PKI registration authority (RA number), if applicable.

## Application

I wish to apply to conduct transactions with the Department of Human Services electronically using online claiming.

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

### 4 Approved software

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

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

### 5 Public Key Infrastructure (PKI)

I must ensure that all communications I send to the Department of Human Services using online claiming are signed and secured with a Medicare PKI Site certificate.

### 6 Privacy

I must not send any personal information (as defined in the *Privacy Act 1988*) to the Department of Human Services using online claiming unless the information is encrypted using PKI.

## 7 Department of Human Services' rights

The Department of Human Services 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.

The Department of Human Services 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

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

I may terminate this contract with the Department of Human Services at any time by giving a written notice to the Department of Human Services. I understand that I will not be able to conduct transactions with the Department of Human Services 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 the Department of Human Services, evidence of service to a patient.

**Important:** 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

The Department of Human Services 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 the Department of Human Services' records, **or**
- the notice published on the Department of Human Services' website at **humanservices.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 Site certificate only transmissions

This clause applies whenever I, or someone acting (or purporting to act) on my behalf, lodges a bulk bill claim using a site certificate only transmission.

From time to time, **within 30 days** of receiving a written request from the Department of Human Services, I must sign, date and give to the Department of Human Services a written declaration about the bulk bill claims lodged by me or on my behalf for a period determined by the Department of Human Services (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 the Department of Human Services' request). My declaration must be substantially in the form (if any) required by the Department of Human Services.

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

- repay to the Department of Human Services an amount equal to the relevant benefit, **and**
- pay interest to the Department of Human Services on the amount of the relevant benefit, from the date the benefit was paid to me by the Department of Human Services, until the date I repay the amount of the benefit to the Department of Human Services, 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 the Department of Human Services a declaration **within 30 days** as required by this clause, then I must, on demand by the Department of Human Services, immediately:

- repay to the Department of Human Services an amount equal to all Medicare benefits paid to me by the Department of Human Services 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 the Department of Human Services on the amount of those benefits, from the date the benefits were paid to me by the Department of Human Services, until the date I repay the amount of the benefits to the Department of Human Services, at the rate from time to time prescribed for the purposes of section 129AC of the *Health Insurance Act 1973*.

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

## Location identifier

12 Location ID (minor 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

  

---

@

## Bank account details

All payments are made through Electronic Funds Transfer (EFT) and **cannot** be made into credit card, loan or mortgage accounts.

23 Name of bank, building society or credit union

Branch where the account is held

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 Childhood Immunisation Register claims

## Privacy notice

---

**25** Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

## Declaration

---

**26 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