

Purpose of this form

Use this form to register for online claiming for the Australian Government Department of Human Services (Human Services) and the Department of Veterans' Affairs.

To use online claiming, bank details are required. Use this form to provide your bank details.

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

Who should complete this form

Providers/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 and search for **Register for online business** 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 X

Returning your form

Send 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

or

fax:

NSW/ACT **02 9895 3190** QLD **07 3004 5526**

VIC/TAS **03 9605 7981** WA/SA/NT **08 9214 8173**

Your details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Other given name(s)

2 Medicare provider number

3 If you are not registered with us for a Public Key Infrastructure (PKI) certificate and wish to apply, go to humanservices.gov.au/pki

PKI registration authority (RA number), if applicable.

Application

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

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

4 Approved software

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

I understand that 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, Human Services is not representing 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 Human Services using online claiming are signed and secured (as the case may be) either with a:

- Medicare PKI Individual certificate in combination with a Medicare PKI Site certificate, or
- Medicare PKI Site certificate on its own (valid at the time of dispatch of the communication).

In this agreement, communications sent using a Medicare PKI Site certificate on its own, are called 'Site certificate only transmission(s)'.

Special additional provisions in clause 11 of this agreement apply to Site certificate only transmissions.

6 Privacy

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

7 Human Services' rights

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.

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, support costs, software acquisition or support costs or losses associated with the online claiming system being from time to time inoperative or inaccessible.

8 Termination

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

I may terminate this contract with Human Services at any time by giving a written notice to Human Services. I understand that I will not be able to conduct transactions with 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 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

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

- mail
- fax
- electronically (a message sent to my business email address (as held in Human Services records) is one way of giving me notice electronically), **or**
- by notice published on 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, a 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 11 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 Human Services, I must sign, date and give to Human Services a written declaration about the bulk bill claims lodged by me or on my behalf for a period determined by 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 Human Services's request). My declaration must be substantially in the form (if any) required by Human Services.

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

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

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

Human Services may (at its discretion) set off any amount from time to time owing by me to Human Services under this clause 11 against any Medicare benefits or any other amounts at any time payable by Human Services to me.

Location identifier

12 Location ID (minor ID)

Practice details

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

@

Bank account details

All payments are made through Electronic Funds Transfer (EFT).

18 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

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

Tick ALL that apply

Medicare Bulk Bill/Department of Veterans' Affairs claims

Australian Childhood Immunisation Register claims

Privacy notice

20 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 or by requesting a copy from the department.

Declaration

21 I declare that:

- 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:

- giving false or misleading information is a serious offence.

Provider's signature

Date