

medicare

Email

Postcode

Full name

Medicare stationery order (DB6Ba)

Daytime phone number (including area code)

Complete all fields to avoid delays in delivery. Print in BLOCK LETTERS

Date (DD MM YYYY)

Provider number

Provider's full name (not practice name)

Business name

Street address

Details of person placing the order

Your signature

Fax number (including area code)

Form description	Code	Content per unit Number of units required
Bulk bill In-Hospital Service	DB1H	1 form
Bulk bill voucher General, Specialist and Diagnostic	DB4	1 form
Bulk bill voucher Allied Health Professional	DB2-AH	1 form
Bulk bill voucher Dental Provider	DB2-DB	1 form
Bulk bill voucher General Practitioner	DB2-GP	1 form
Bulk bill voucher Optometrist	DB2-OP	1 form
Bulk bill voucher Other	DB2-OT	1 form
Bulk bill voucher Pathology	DB3	1 form
EDI env stickers Medicare (GP-red)	12053	3 sheets
Electronically transmitted claims voucher form	DB4E	1 form
Envelopes DL size only	EN376	1 envelope
Medicare Child Dental Benefits Schedule brochure holder	2198	1 brochure holder
Medicare Claim form	MS014	1 form
Non-hospital patients	DB1N	1 form
Non-hospital patients Allied Health Professional	DB1N-AH	1 form
Non-hospital patients Medicare Child Dental Benefits Schedule	DB1N-DB	1 form
Pathology continuous	DB5	1000 forms (Box)

Promotional material	Code	Content per unit	Number of units required
Discover the facts about organ and tissue donation brochure	9661	50 brochures	
Medicare Safety Net brochure	8259	50 brochures	
Pharmaceutical Benefits Scheme brochure	8146	50 brochures	

For items not on this order form, call the Medicare provider enquiry line on ${\bf 132\ 150}.$

More information	Returning this form	
Go to servicesaustralia.gov.au/hpforms or call 1800 067 307 Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time. Call charges may apply.	email to servauorders@nationalmailing.com.au There may be risks with sending personal information through unsecured networks or email channels.	
	post to Services Australia PO Box 7077 CANBERRA BC ACT 2610 fax to 02 6260 2770	

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