

### medicare

# Application for approval, amendment, renewal or cancellation of an approved collection centre (HW035)

#### When to use this form

This form should be used by an approved pathology authority (APA) to apply for, renew, amend or cancel an approved collection centre (ACC).

You **must** complete a separate application for each location.

#### **Applying online**

You can apply for, renew or cancel an ACC online by going to Health Professional Online Services (HPOS) at

#### servicesaustralia.gov.au/hpos

Your online application can be completed and submitted immediately. HPOS provides a fast, streamlined and secure way to make ACC applications and payments, including renewals, and opening and closing locations.

If you are not able to use HPOS, you can complete this form and return it to us for manual processing. Refer to **Returning this form** on page 4 and 5. Consider postage timeframes where applicable.

#### **Important information**

To be considered for an ACC approval, an eligible APA **must** submit this form with the documents and tax payment, if required, identified in **Documents required for approval**.

For renewal applications, make sure the date you sign the application and send it to us is no more than 3 months before your current approval expires.

If your ACC has expired, you will need to provide a letter of request telling us why your application is late to allow us to consider a backdated approval.

#### Tax payment

\$2,000 for 2 year approval.

If the ACC is co-located with a category GX or GY accredited pathology laboratory (APL), the ACC does not incur a tax payment.

The completed form must be returned with payment or payment details. This payment does not attract a Goods and Services Tax (GST).

#### **Documents required for approval**

An APA must provide the following documents evidencing the APA's connection to the premises to be used by the ACC (**premises**):

- where the APA is a lessee or sublessee a copy of the signed lease or sublease for the premises, or
- where the lease or sublease over the premises has been assigned to the APA – a copy of the signed lease or sublease for the premises and assignment of lease or sublease documentation, or
- where the APA is the owner of premises proof of ownership of the premises (for example, copy of the rates notice)
- a copy of the floor plan of the premises or, if the premises are part of a larger facility, a copy of the floor plan for that facility which clearly identifies the location of the premises within the larger facility. The floor plan must clearly identify:
  - the name of the ACC
  - the physical address of the premises
  - if the premises are used exclusively as an ACC the area occupied by the premises (m²), or
  - if the premises are part of a larger facility:
    - the area to be used exclusively by the ACC and the size of that area (in m<sup>2</sup>),
    - the area to be used exclusively by other occupants of that facility and the size of that area (in m²),
    - each common area used by the ACC and one or more other occupants of the facility and the size of each of those areas (in m<sup>2</sup>), and
    - the total size of the facility (in m<sup>2</sup>).

If a tax payment is required, and the payment is made by Electronic Funds Transfer (EFT), provide a copy of the remittance advice with your application.

If your application is as a result of an acquisition or merger of an APA, you are required to provide us with documents evidencing the APA's connection to the premises in which the ACC will be located, and a floor plan, at the time of submitting your application.

Copies of the lease documentation for the ACC premises in the name of the acquiring APA must be provided **within 30 days** after the new lease arrangement has been made.

#### For more information

Go to **servicesaustralia.gov.au/medicarepathology** or call 1300 721 546 Monday to Friday, 8.30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

For more information about pathology rents and prohibited practice, go to **health.gov.au** 

To locate the guidelines for Approved Pathology Collection Centres, go to **safetyandquality.gov.au** 

Authorised representative 2 You **must** complete a separate application for each location. Dr Mr Mrs Miss Ms Other Filling in this form Authorised representative's full name You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, Position held you can print this form and complete it. If you have a printed form: PRODA RA number Use black or blue pen. Print in BLOCK LETTERS. Where you see a box like this **Go to 1** skip to the question Daytime phone number (including area code) number shown. Mobile phone number Approved pathology authority details APA number Email 2 APA name **Application type Authorised representative's details** This application is: Tick one only The authorised contact person must be authorised by the APA to for a new ACC Go to next question act on their behalf. to renew your ACC Go to 6 to amend an existing ACC Read this before answering the following question. to cancel an existing ACC Go to 30 Access to HPOS for this ACC will be linked to the APA record. Once linked, HPOS will be a method of written communication for the ACC. If you are an existing contact replacing an New or existing approved collection centre details existing authorised representative, that person's administrator Proposed start date (DD MM YYYY) access in HPOS will be removed. Only an existing contact can replace an authorised representative. For any other changes, Go to 7 a separate authorisation letter must be provided by a senior executive of the APA. ACC number Give details of each authorised representative Authorised representative 1 7 Trading name Dr Mr Mrs Miss Ms Authorised representative's full name ACC address Position held Postcode Provider Digital Access (PRODA) Registration Authority (RA) Is this collection centre co-located with an APL, category GX, GY number or category S (Specialised)? No Daytime phone number (including area code) Yes Provide APL number Mobile phone number Email This is the email address we will use to notify you of the outcome of your application.



MCA0HW035 2402

10	Are the premises within or adjacent to a facility occupied by a requester of pathology services or a person connected to a requester of pathology services?		Rent per annum for each year of the lease/sublease (incl GST), relating to information provided in question 16.				
	No 🗆		From (DD MN	/I YYYY)			
	Yes		To (DD MM Y	YYY)			
11	The APA is: Tick one only		,	,	\$		
	the lessee Go to 14		Rent amount		Ψ		
	the sublessee		From (DD MN	/I YYYY)			
	occupying the premises		,	•			
	following an acquisition or merger Go to 12		To (DD MM Y	YYY)			
12	The previous APA was the: <b>Tick one only</b>		Rent amount		\$		
	lessee 🗔		France (DD MA)	4.0000			
	sublessee Uowner		From (DD MN	,			
13	Previous APA number Previous ACC number		To (DD MM Y	YYY)			
	Trevious Are Humber		Rent amount		\$		
			If you need n	nore space	, provide a separate s	heet with details.	
Lea	se or sublease details	20	le the rent per	annum no	t of outgoings?		
1/	Lessor or sublessor name	20		to 22	t or outgoings:		
14	Lessor of subjessor fiame		Yes				
45		21	Identify all out	goings pay	able by the lease/sub	lease for each	
15	Lessor or sublessor postal address		year of the lea				
			Year	I	Description	Amount per annum	
	Postorale					\$	
	Postcode					\$	
16	Lease/Sublease start date (DD MM YYYY)					\$	
			If you need n	nore space	, provide a separate s	heet with details	
	Lease/Sublease end date (DD MM YYYY)				estimate what percen		
					ributed to outgoings f		
17	Does the lease/sublease include one or more options to extend?		the lease/subl	ease			
	No Go to 19 Yes		Year	I	Description	Percentage	
10	Identify the duration of each option to extend					%	
10	First option					%	
	year(s) months days					%	
	Second option		If you need n	nore space	, provide a separate s	heet with details.	
	year(s) months days	22	Is the lessor/s	ublessor a	requester of patholog	y services or a	
	Third option		person connec	cted to a re	quester?	-	
	year(s) months days		No L				
	If you need more space, provide a separate sheet with details.	20	Yes 🗀			0	
	in you nood more space, provide a separate sheet with detaile.	23	Area of premises in m <sup>2</sup> exclusively used by ACC  m <sup>2</sup>				
		24	Include any ac		ea in m <sup>2</sup> used by the <i>i</i>	ACC	
				m <sup>2</sup>			

	Postcode				
nent details					
	ired, can be made by EFT and will only be the following account.				
EFT details are as follows:					
BSB:	092 009				
Account number:	120260				
Account name:	Services Australia Medicare Official Administered Payments Other				
Reference:	APA number + ACC number (renewals) or proposed ACC suburb (new)				
If you pay by EFT, include a copy of the remittance advice with this form.					
Payment can also be made by cheque or money order.					
Enclose a cheque or money order payable to Services Australia (ABN: 75 174 030 967). This payment does not attract a Goods and Services Tax (GST).					
Send your cheque or money order by post to					
Services Australia Pathology Registratic GPO Box 9822 MELBOURNE VIC 300					
You will not be issued with a receipt unless requested.					
	incomplete, your application will be I be refunded, or your cheque will be				
ecklist					
Which of the following documents are you providing with this form?					
Where you are asked documents.	ed to supply documents, provide original				
Payment/Remittanc	e advice				
Lease/Sublease					
Floor plan					
Proof of ownership	of the premises				
If your ACC has exp your application is I	ired, a letter of request telling us why ate				
acy notice					
The privacy and secu	urity of your personal information is is protected by law. We collect this in process and manage your applications				

and payments, and provide services to you. 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/privacypolicy

#### **Declaration**

- 29 As an authorised representative of the approved pathology authority to which this application for approval relates, I declare that:
  - the premises comply with the **Guidelines for Approved** Pathology Collection Centres.
  - where the collection centre is subject to a lease arrangement with a requester of a pathology service or a person connected to such a requester as defined in Part IIBA of the Health Insurance Act 1973, I can demonstrate that charges payable under the arrangement are not substantially different from the market value of the premises.
  - where required, I have enclosed a cheque or money order or a copy of the remittance advice, with this form.
  - the information I have provided in this form is complete and correct.

#### Lunderstand that:

in accordance with section 7 of the *Health Insurance* (Approvals for Eligible Collection Centres) Principles 2020, should the premises at any time fail to comply with the Guidelines for Approved Pathology Collection Centres, written notice shall be provided to:

The Director, Medicare Providers Pathology and Diagnostic Imaging Section Services Australia PO Box 1001 TUGGERANONG DC ACT 2901

- I need to inform Services Australia within 24 hours of any failure to comply with the Guidelines for Approved **Pathology Collection Centres** including an explanation of reasons for non compliance.
- giving false or misleading information is a serious offence.

Authorised representative's t	full name					
Authorised representative's signature (authorised to sign on behalf of the approved pathology authority)						
a.						
Date (DD MM YYYY)						

#### **Returning this form**



Check that you have answered all the required questions and provide the requested documentation when you return this form. If the application is incomplete or incorrect, it will be returned and you will need to re-apply.

Return all pages of the completed form and supporting documents:

- online, using your PRODA account and the Form upload function in HPOS. For more information, go to servicesaustralia.gov.au/hpos
- by post to

Services Australia Pathology Registration GPO Box 9822 MELBOURNE VIC 3001

by fax to 03 9605 7984

## **Only** complete this section if you are cancelling an ACC. The APA must advise Services Australia within 14 days of any changes to your ACC, including closures. No documents required. 30 ACC number **31** ACC physical address Postcode **32** ACC closure date (DD MM YYYY) **33** Reason for cancellation of ACC approval Tick one only No longer in operation Relocation APA merger/acquisition ACC opened in error Other **Bank account details 34** Provide account details for refund deposit. Refunds cannot be made via EFT if the nominated account has restrictions on EFT deposits. Name of bank, building society or credit union Branch number (BSB) Account number (this may not be the card number)

Cancellation of an approved collection centre

#### **Privacy notice**

35 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. 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/privacypolicy

#### **Declaration**

#### 36 I declare that:

 the information I have provided in this form is complete and correct.

#### I understand that:

• giving false or misleading information is a serious offence.

Authorised representative's full name

Authorised representative's signature (authorised to sign on behalf of the approved pathology authority)

Date (DD MM YYYY)

#### **Returning this form**



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Account held in the name(s) of