Australian Government
Services Australia

medicare

Application for remote area exemption for "R Type" diagnostic imaging services for a medical practitioner (HW065)

When to use this form

Use this form to apply for remote area exemption for "R Type" diagnostic imaging services for a medical practitioner. A separate application must be lodged for each location. An exemption cannot be backdated before the date the application is received by us. Exemptions apply for a maximum of 3 years. Medicare benefits are not payable unless the applicant is participating in a quality assurance and continuing medical education program.

Your application should be sent to us before your proposed start date.

You should not start billing until we tell you that your remote area exemption is approved.

Where applications are faxed, you must keep your original documents.

For more information

Go to **servicesaustralia.gov.au/healthprofessionals** or call **132 150** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Call charges may apply.

Filling in this form

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, you can print this form and complete it.

If you have a printed form:
- Use black or blue pen.
- Print in BLOCK LETTERS.

Personal contact details

1 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Second given name

2 Postal address

Postcode

3 Business phone number (including area code)

Mobile phone number

Alternative phone number (including area code)

Fax number (including area code)

Email

4 Would you like the information above recorded as your preferred contact details with us?

No ☐
Yes ☐

Details of remote area exemption location

5 Provider number

6 Location address

Postcode

MCA0HW065 2402

Eligibility criteria for remote area exemption

7 What is the nearest radiology facility (hospital or free standing) from the remote area exemption location?

Postcode

8 How far is the above radiology facility from the remote area exemption location?

km

9 Does a visiting radiologist provide or can they arrange to provide radiology services in the location where your patients reside?

No ☐

Yes ☐ ▶ Name of radiologist

Address of radiologist

Postcode

10 Are the services provided by the visiting radiologist limited?

No ☐

Yes ☐ ▶ Give details of the services provided

11 Do you satisfy state or territory licensing requirements to provide the radiology services for which you are seeking this exemption?

No ☐

Yes ☐

12 Have you registered with any of the following programs?

Tick all that apply

☐ Australian College of Rural and Remote Medicine Professional Development Program

☐ Royal Australian College of General Practitioners Quality Assurance and Continuing Medical Education Program

☐ I have not registered

Privacy notice

13 The privacy and security of your personal information is important to Services Australia, 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

14 **I agree to:**

- notify Services Australia in writing of any change to circumstances described in this application as soon as possible after it occurs

- keep records of indications for, and reports of, diagnostic imaging services provided by me in a manner that facilitates retrieval on the basis of the patient's name and date of service, for a period of at least 18 months from the date the service was rendered.

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.

Applicant's signature

Date (DD MM YYYY)

Returning this form

Return this form and any supporting documents by:

- **post** to
  Services Australia
  Provider Eligibility Section
  PO Box 9822
  Adelaide SA 5001

- fax to **08 8274 9307**