



Simplified Billing or ECLIPSE adjustment claim (HW023)

When to use this form

Health professionals, private health insurers and approved billing agents should use this form when an adjustment is required to a previously processed claim that needs to be amended with new or altered information.

Only use this form where you have submitted a Simplified Billing or ECLIPSE claim under Schemes (SC), Agreement (AG), Billing Agent Medicare and private health insurer (MB) or Billing Agent Medicare only (MO) arrangements and where you are submitting claims with the same original claim details.

Complete a separate form for each claim for which adjustments are required.

Adjustments may include changing service details that were included and/or adding services that were omitted during the original assessment. Omitted services must be from the original assessment where they form part of a multi-procedure, such as derived fee services, diagnostic multiple services rule or relative value guide for anaesthetic.

If the payment of an omitted or rejected service does not depend on the assessment of previously submitted services, the service must be resubmitted in a new claim.

This form is an approved form under subsection 20B(2)(a) of the *Health Insurance Act 1973*.

Information for making an adjustment claim for Simplified Billing or ECLIPSE services

We will process your claim and:

- a statement of benefit will be forwarded via secure messaging in a CSV file when the claim is processed
- if the claim results in an underpayment, the benefit will be paid via electronic funds transfer to the private health insurer or approved billing agent
- if the claim results in an overpayment, the statement of benefit will show details of the adjustment and include the amount of overpayment. We will invoice private health insurers and approved billing agents for overpayments
- details of each patient adjustment will be shown on the statement of benefit for the adjustment claim.

For more information

Go to servicesaustralia.gov.au/simplifiedbilling or call 1300 130 043 Monday to Friday, 8:30 am to 5 pm, local time.

Filling in this form

You can fill and sign 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 sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Applicant's details

1 Tick **one** of the following options to best identify the applicant.

Health professional

Private health insurer

Approved billing agent

2 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Position held

Business phone number (including area code)

Fax number (including area code)

3 Original claim ID

4 Original date of lodgement (DD MM YYYY)



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