

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 m²),
 - 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 m²), **and**
 - the total size of the facility (in m²).

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.

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

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

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.
- Where you see a box like this **Go to 1** skip to the question number shown.

Approved pathology authority details

1 APA number

2 APA name

Authorised representative's details

The authorised contact person must be authorised by the APA to act on their behalf.

3 Read this before answering the following question.

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 existing authorised representative, that person's administrator access in HPOS will be removed. Only an existing contact can replace an authorised representative. For any other changes, a separate authorisation letter must be provided by a senior executive of the APA.

Give details of each authorised representative

Authorised representative 1

Dr Mr Mrs Miss Ms Mx Other

Authorised representative's full name

Position held

Provider Digital Access (PRODA) Registration Authority (RA) number

Daytime phone number (including area code)

Mobile phone number

Email

This is the email address we will use to notify you of the outcome of your application.

Authorised representative 2

Dr Mr Mrs Miss Ms Mx Other

Authorised representative's full name

Position held

PRODA RA number

Daytime phone number (including area code)

Mobile phone number

Email

Application type

4 This application is:

Tick one only

- for a new ACC **Go to next question**
to renew your ACC **Go to 6**
to amend an existing ACC **Go to 6**
to cancel an existing ACC **Go to 30**

New or existing approved collection centre details

5 Proposed start date (DD MM YYYY)

6 ACC number

7 Trading name

8 ACC address

Postcode

9 Is this collection centre co-located with an APL, category GX, GY or category S (Specialised)?

No

Yes Provide APL number



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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?

No
 Yes

11 The APA is:

Tick one only

- the lessee **Go to 14**
 the sublessee **Go to 14**
 the owner **Go to 23**
 occupying the premises following an acquisition or merger **Go to 12**

12 The previous APA was the: **Tick one only**

- lessee
 sublessee
 owner

13 Previous APA number Previous ACC number

Lease or sublease details

14 Lessor or sublessor name

15 Lessor or sublessor postal address

.....

 Postcode

16 Lease/Sublease start date (DD MM YYYY)

Lease/Sublease end date (DD MM YYYY)

17 Does the lease/sublease include one or more options to extend?

No **Go to 19**
 Yes

18 Identify the duration of each option to extend

First option

year(s) months days

Second option

year(s) months days

Third option

year(s) months days

If you need more space, provide a separate sheet with details.

19 Rent per annum for each year of the lease/sublease (incl GST), relating to information provided in question 16.

From (DD MM YYYY)
 To (DD MM YYYY)
 Rent amount \$

From (DD MM YYYY)
 To (DD MM YYYY)
 Rent amount \$

From (DD MM YYYY)
 To (DD MM YYYY)
 Rent amount \$

If you need more space, provide a separate sheet with details.

20 Is the rent per annum net of outgoings?

No **Go to 22**
 Yes

21 Identify all outgoings payable by the lease/sublease for each year of the lease/sublease

Year	Description	Amount per annum
		\$
		\$
		\$

If you need more space, provide a separate sheet with details.

If amount is unknown estimate what percentage of the rent per annum should be attributed to outgoings for each year of the lease/sublease

Year	Description	Percentage
		%
		%
		%

If you need more space, provide a separate sheet with details.

22 Is the lessor/sublessor a requester of pathology services or a person connected to a requester?

No
 Yes

23 Area of premises in m² exclusively used by ACC

m²

24 Include any additional area in m² used by the ACC

m²

25 Physical address of additional area (floor, level, street address)

Postcode

Payment details

26 This payment, if required, can be made by EFT and will only be accepted if paid into 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 Registration
GPO Box 9822
MELBOURNE VIC 3001

You will not be issued with a receipt unless requested.

If your application is incomplete, your application will be returned and you will be refunded, or your cheque will be returned to you.

Checklist

27 Which of the following documents are you providing with this form?

Where you are asked to supply documents, provide original documents.	
Payment/Remittance advice	<input type="checkbox"/>
Lease/Sublease	<input type="checkbox"/>
Floor plan	<input type="checkbox"/>
Proof of ownership of the premises	<input type="checkbox"/>
If your ACC has expired, a letter of request telling us why your application is late	<input type="checkbox"/>

Privacy notice

28 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

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.

I understand 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 full name

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



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

Cancellation of an approved collection centre

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)

Account held in the name(s) of

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



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.

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