



# General Practitioner 90 Day Pay Doctor Cheque Scheme application (HW074)



## When to use this form

This form is only to be used for the registration of **general practitioners** for the General Practitioner 90 Day Pay Doctor Cheque Scheme (the Scheme). General practitioners whose patients manually submit unpaid or partially paid patient claims, must register with Services Australia to participate in the Scheme.

General practitioners who only submit claims electronically, do not need to register for the Scheme.

## For more information

For more information about the Scheme, email **provider.registration@servicesaustralia.gov.au**

There may be risks with sending personal information through unsecured networks or email channels.

If you need assistance completing this form, call 132 150 Monday to Friday, 9 am to 5:30 pm, Australian Eastern Standard Time.

## 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.

## Returning this form

Check that you have answered all the required questions and the form is signed and dated.

Return this form and any supporting documents by post to

Services Australia  
General Practitioner 90 Day Pay Doctor Registration Team  
GPO Box 570  
ADELAIDE SA 5001

## Provider and location details

1 Provider number

2 General practitioner's full name

3 Practice name

4 Practice address

  
  
  
 Postcode

5 Practice contact person

Dr  Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

6 Daytime phone number (including area code)

Fax number (including area code)

Email

## Bank account details

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

7 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

  


MCA0HW074 2412

### Additional practice location 1 details

8 Provide additional practice location 1 details

#### Practice location 1

Provider number
<input type="text"/>
Practice name
<input type="text"/>
Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>
Practice contact person
Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Other <input type="checkbox"/>
Family name
<input type="text"/>
First given name
<input type="text"/>
Daytime phone number (including area code)
<input type="text"/>
Email
<input type="text"/>

### Additional practice location 1 bank account details

9 Provide bank account details for additional practice location 1

#### Practice location 1

All payments are made through Electronic Funds Transfer (EFT). Payments <b>cannot</b> be made via EFT if the nominated account has restrictions on EFT deposits.
Name of bank, building society or credit union
<input type="text"/>
Branch where the account is held
<input type="text"/>
Branch number (BSB)
<input type="text"/>
Account number (this may not be the card number)
<input type="text"/>
Account held in the name(s) of
<input type="text"/>
<input type="text"/>

### Additional practice location 2 details

10 Provide additional practice location 2 details

#### Practice location 2

Provider number
<input type="text"/>
Practice name
<input type="text"/>
Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>
Practice contact person
Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Other <input type="checkbox"/>
Family name
<input type="text"/>
First given name
<input type="text"/>
Daytime phone number (including area code)
<input type="text"/>
Email
<input type="text"/>

### Additional practice location 2 bank account details

11 Provide bank account details for additional practice location 2

#### Practice location 2

All payments are made through Electronic Funds Transfer (EFT). Payments <b>cannot</b> be made via EFT if the nominated account has restrictions on EFT deposits.
Name of bank, building society or credit union
<input type="text"/>
Branch where the account is held
<input type="text"/>
Branch number (BSB)
<input type="text"/>
Account number (this may not be the card number)
<input type="text"/>
Account held in the name(s) of
<input type="text"/>
<input type="text"/>

To register more than 2 practice locations, provide a separate sheet with details.

## Terms and conditions

- 12** The following terms and conditions form the basis of participation in the General Practitioner 90 Day Pay Doctor Cheque Scheme (the Scheme).

### Registration

1. Upon accepting the application, Services Australia agrees to register the applicant at the location(s) specified in the application. If for any reason Services Australia cannot register the applicant, Services Australia agrees to advise the applicant of the reason why registration cannot be effected. Services Australia will provide this information either by written correspondence, phone, fax or email.
2. The date the general practitioner is registered by Services Australia will be recognised as the commencement date. This date will be deemed to be the start date of participation in the Scheme unless the applicant stipulates a date in the future. All cheques issued from this date will be eligible for cancellation if they remain un-presented after 90 days.
3. If the applicant's right to participate in the Scheme is ended for any reason other than when a practice location is closed, those Medicare benefit cheques issued during the time of participation in the Scheme will no longer be eligible to be cancelled, and no further Electronic Funds Transfer (EFT) payment will be made after the date on which the application ceases.
4. If the applicant's specialty changes and the provider is no longer considered to be a general practitioner, the right to participate in this Scheme will be ended by Services Australia from the commencement of that specialty change.

### Provision of information

5. The applicant agrees to provide all information requested by Services Australia and to cooperate with the confirmation of registration details when and if requested by Services Australia.
6. The applicant understands that the nominated bank account details for the location on this application form will be used by Services Australia to deposit all Medicare and DVA payments for services rendered at this location, and where Pay Doctor via Claimant cheques have not been presented after 90 days – the Scheme.
7. The applicant agrees to the release of bank account information to the Reserve Bank of Australia by Services Australia to enable the payment of Medicare benefits to occur via EFT.

### Notification of process

8. Services Australia will advise the general practitioner of any difficulty in transferring funds to the nominated bank account.
9. Applicable service details will be provided to the general practitioner in the form of a Statement of Benefit for those cheques cancelled and EFT payments successfully made under the Scheme.

## Applicant's other obligations

10. The applicant understands that Services Australia will not be held liable for any bank fee or charges incurred where the applicant presents a cheque, 90 days or more after the issue date and that cheque incurs a dishonour fee.
11. The applicant agrees that any decision by the Commonwealth or Services Australia to cease the Scheme will not result in any right to a claim for any loss or damage against either the Commonwealth or Services Australia.

## Varying or ending the agreement

12. The applicant may terminate this agreement by giving 14 days written notice to Services Australia. The notice may be sent to the address provided on page 1 of this application form.
13. Services Australia may at any time vary, limit or terminate the applicant's right to participate in the Scheme for any reason. The applicant will be advised in writing of any changes to their participation.

## Privacy notice

- 14** 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](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

### 15 I declare that:

- I am a registered general practitioner entitled to provide professional services as defined in the *Health Insurance Act 1973*.
- I wish to participate in the General Practitioner 90 Day Pay Doctor Cheque Scheme.
- I have read and agree to comply with the terms and conditions stated in this form.
- the information I have provided in this form is complete and correct.

### I understand that:

- giving false or misleading information is a serious offence.

Provider's full name

Provider's signature

Date (DD MM YYYY)

--	--	--	--	--	--