

Request for pay group link (HW078)

When to use this form

Medicare benefit cheques are usually made payable to the provider at their location address. A pay group link enables a provider to have Medicare benefit cheques made payable to another payee associated with the practice and/or another address. Cheques can be sent to the requested pay group link from the date the application has been processed.

Your application should be submitted to Services Australia as soon as possible prior to your proposed commencement date of the pay group arrangements.

For more information

Go to servicesaustralia.gov.au/healthprofessionals or for assistance completing this form call 132 150 Monday to Friday, 8:30 am to 5 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
Provider Registration Section
GPO Box 9822
In your capital city
- **fax to**
NSW/ACT 02 9895 3439 SA/Tas 08 8274 9307
Vic/NT 03 9605 7984 WA 08 9214 8201
Qld 07 3004 5634

If you fax this form, you must keep the original for auditing purposes.

Applicant's details

1 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

2 Date of birth (DD MM YYYY)

3 Your gender

Male

Female

Non-binary

4 Postal address

Postcode

5 Daytime phone number (including area code)

Mobile number

Fax number (including area code)

Email

6 The information above is my preferred contact details?

No

Yes



MCA0HW078 2412

Provider location address

The provider location address is where the pay group link is required.

7 Provider number (for this location)

8 Practice name

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb/Town

State Postcode

Business type

9 Indicate the appropriate category for your business.

- Associateship Joint venture
 Company Natural person
 Government Partnership
 Hospital Sole trader
 Indigenous
 Other Give details

Requested payee

10 Requested payee (if different to applicant)

11 Address of requested payee (for mailing payment)

Postcode

Where the payee is a third party, the payee (or person properly authorised in the case of a body corporate or other entity) must agree to the arrangement by signing below.

12 Requested payee's signature



Date (DD MM YYYY)

The Services Australia policy concerning pay group links is that where a pay group to a third party is terminated by the provider, the third party will be routinely advised of the termination. After the date a pay group link is terminated any outstanding claims processed will be payable to the 'payee' recorded at the time the claim is processed.

Privacy notice

- ### 13
- 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

14 I declare that:

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

I undertake:

- to immediately notify my pay group or third party payee of any current and/or future notice(s) issued on Services Australia to garnish or intercept payments due to me or my provider number.

I understand that:

- giving false or misleading information is a serious offence.

Signature



Date (DD MM YYYY)