

medicare

Application for bulk bill claim adjustment (DB018)

Provider details

When to use this form

Use this form when applying for a bulk bill claim adjustment for assigned Medicare benefits where the original date of service is **less** than 2 years old.

For more information

For more information about bulk bill claim adjustments, go to **servicesaustralia.gov.au/healthprofessionals** or 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.

Retu	rning	this	form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Return this form and any supporting documents by post to

Services Australia Medicare Bulk Bill Team GPO Box 9822 In your capital city

Indicate adjustment type

Omitted bulk bill incentive or Patient Episode Initiation (PEI item(s) – original claim less than 2 years from date of service
A printed copy of a spreadsheet must be included outlining patient details (for example, full name, Medicare card number and reference number), original date of service, servicing and payee provider details and item number(s) to be paid.
Adjustment to previously paid claim(s) – original claim less than 2 years from date of service

You must provide a new Assignment of benefit form signed by the patient for any adjustment to previously paid claim(s).

Number of Assignment of benefit form(s) included with this application

	Dr Mr Mrs Miss Ms Mx Other Family name
	First given name
	Practice address
	Postcode
	Postal address (if different to above)
	Postcode
	Provider number
	Landing ID (Miner ID
	Location ID/Minor ID
	Original claim number/Easyclaim transaction ID
L	
	Original date of claim (DD MM YYYY)
	Services provided
	In-hospital
	Out-of-hospital
	You must indicate the type of services provided on the Assignment of benefit forms. Claims for in-hospital and out-of-hospital services must be made and managed separately.



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Payee provider **Declaration** Only complete this section if the payment is to be made to a provider other than the service provider. I declare that: Name of health professional 9 Provider number Dental Benefits Act 2008. Reason for bulk bill claim adjustment Give details why the bulk bill incentive or PEI item(s) were omitted from the original claim or why the correct item number(s) or other made. claim details were not originally claimed. A reason why Services Australia should process the adjustment(s) must also be included. 10 Reason(s) for bulk bill claim adjustment respect of the services. none of the services were: rendered to: facility, or Society, or Dental Benefits Act 2008. this claim is true. I authorise: Lunderstand that:

Privacy notice

11 The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. 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

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

12 I claim Medicare benefits for the professional services (the services) specified in the attached Assignment forms.

- the services were rendered by me or on my behalf.
- the persons who were eligible to receive Medicare benefits in relation to the services assigned their benefits to me and to the best of my knowledge and belief they were entitled to make these assignments either under 20A of the Health Insurance Act 1973 or under subsection 12(2) of the
- copies of Assignment forms were given to the persons who assigned the benefits to me after the assignments were
- I accept the assignments of these benefits.
- no other payments have been sought from any person in
 - if services were provided in hospital an in-patient of a hospital or approved day hospital
 - if services were provided out of hospital a hospital patient in a recognised (public) hospital
 - rendered in carrying out a mass immunisation
 - rendered in connection with the patient's employment or in carrying out health screening (other than by providers approved by the Minister for Health)
 - rendered as a medical examination for the purposes of Life Insurance, a Superannuation or Provident Account Scheme or admission to membership of a Friendly
 - to the best of my knowledge and belief is precluded from attracting a Medicare benefit by any provision of the Health Insurance Act 1973 or the
- to the best of my knowledge and belief all information in

Services Australia to pay the Medicare benefits for this claim to the health professional specified in question 8 at or from whose practice the services were rendered.

giving false or misleading information is a serious offence.

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Tovidor o full fluttio
rovider's signature
ate (DD MM YYYY)