

## 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](http://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.

### Returning 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

## Provider details

- 1** Dr  Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

- 2** Practice address

  


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Postcode

Postal address (if different to above)

  


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Postcode

- 3** Provider number

- 4** Location ID/Minor ID

- 5** Original claim number/Easyclaim transaction ID



- 6** Original date of claim (DD MM YYYY)

- 7** 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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