



Request for Pay Group Link

Medicare benefit cheques are usually made payable to the practitioner at their location address. A pay group link enables a practitioner 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. EFT payments for bulk bill claims will not reflect any pay group details.

Section 1—Personal details

Title Dr Mr Mrs Ms Miss Other (please specify)

Family name First name

Other given names Date of birth / / Gender M/F

Section 2—Personal contact details (email and/or mail address if different from location details)

For this application only For general mailout purposes

Telephone number (during business hours) <input type="text"/>	Street details <input type="text"/>
Mobile <input type="text"/>	OR Postal details PO Box number <input type="text"/> or GPO Box number <input type="text"/>
Facsimile number <input type="text"/>	Suburb/Locality <input type="text"/>
Pager <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
	Email <input type="text"/>

Section 3—Provider location address where Pay Group Link required

Provider number

Practice name/Building Property/Department

Indicate type and number Suite Unit Shop Number Floor number

Street details

Suburb/locality State Postcode

Section 4—Requested payee

Requested payee (if different to applicant)

Address of payee (for mailing of payment)

Signature of payee Date / /

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.

Please note: Medicare Australia policy concerning pay group links is that where a pay group to a third party is terminated by the practitioner, the third party will be routinely advised of the termination. After date of termination of pay group link any outstanding claims processed will be payable to the "payee" recorded at the time of processing.

Section 5—Declaration

I declare that, to the best of my knowledge and belief, all the information provided on this form is true and correct.

Signature of applicant Date / /

Privacy note: Information provided by you on this form will be used to establish a recipient and or address for the purpose of a pay group link for your Medicare benefit cheques. The information you provide is used only for this purpose in accordance with the *Health Insurance Act 1973* and may be disclosed to the Department of Human Services, Department of Health and Ageing, Department of Veterans' Affairs, private health funds or as authorised or required by law.

Section 6—Lodgement details

When completed, please post to:

Medicare Australia Provider Eligibility Section
PO Box 9822 (in your capital city)

OR

Via facsimile to:

NSW and ACT	(02) 9895 3439	VIC	(03) 9605 7984	QLD	(07) 3004 5634	NT	(08) 8922 6322
SA	(08) 8274 9307	WA	(08) 9214 8201	TAS	(03) 6215 5700		

Please note:

- Your application and supporting documentation (if applicable) should be submitted to Medicare Australia as soon as possible prior to your proposed commencement date.
- Where applications are faxed, you must retain your original documents for auditing purposes.

Enquiries: Telephone 132 150 (8:30am to 5:00pm Monday to Friday) or email medicare.prov@medicareaustralia.gov.au