



# Residential Aged Care Service

## Application for Telehealth On Board Incentive payment

### Important information

Complete this form to apply for the Telehealth On Board Incentive payment.

### Eligibility requirements

To be eligible for the Telehealth On Board Incentive payment, the hosting facility must meet the requirements as set out in the Telehealth Program guidelines, available at [www.mbsonline.gov.au](http://www.mbsonline.gov.au) >Telehealth

The facility must:

- be a Residential Aged Care Service (RACS) where care and accommodation are provided to residents under the *Aged Care Act 1997* and holds a RACS ID
- possess appropriate Telehealth equipment located in a room appropriate for a Telehealth consultation
- not have previously received a Telehealth On Board Incentive payment and
- have hosted a Telehealth consultation.

### False or misleading information

Penalties exist under law for giving false and/or misleading information. Medicare Australia may take steps to recover any resulting payments if:

- inaccurate information is provided on the application and/or
- the applicant fails to notify Medicare Australia within the required time of any relevant changes in the facilities arrangements.

Medicare Australia may suspend payment and/or recover any overpayment that results from the provision of incomplete or inaccurate information, or delays in advising Medicare Australia of changes to services details.

### Change of details

Changes to your location and/or arrangements can impact on your services eligibility to participate in the Telehealth Incentives program. Medicare Australia must be advised in writing of any changes within 14 days.

All correspondence will be sent to the authorised contact person at the postal address provided on this form. The authorised person is responsible for notifying Medicare Australia in writing of any changes relevant to the Telehealth Hosting Incentive program.

### Assistance

If you need assistance completing this form call **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time. For more information about the Telehealth program email [telehealth@medicareaustralia.gov.au](mailto:telehealth@medicareaustralia.gov.au)

### Lodgement

Send the completed form to:

**Telehealth Incentive Program**  
**GPO Box 2572**  
**ADELAIDE SA 5001**

or fax to: **1300 587 696**

Print in **BLOCK LETTERS**

Tick where applicable

### Entitlement requirements

**1** Is your service a Residential Aged Care Service?

No  *Your service is not eligible for the Telehealth On Board Incentive payment.*

Yes

**2** Does your service possess appropriate Telehealth equipment?

No  *Your service is not eligible for the Telehealth On Board Incentive payment.*

Yes

**3** Is your Telehealth equipment in a room appropriate for a Telehealth consultation

No  *Your service is not eligible for the Telehealth On Board Incentive payment.*

Yes

### Hosting facility details

**4** Start date

This is the date your Residential Aged Care Service hosted its first Telehealth consultation.

**5** What is your RACS ID?

**6** Trading name

## Authorised representative details

7 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

8 Position

9 Property

Suite  Unit  Shop

Number  Floor number

Address

  -----  -----  Postcode
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10 Daytime phone number

Mobile phone number

Fax number

Email

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## Declaration

11 I understand that:

- Medicare Australia may conduct compliance audits and the service may be required to provide information as evidence of compliance with the Telehealth Hosting Incentive payment requirements and that failure to do so may result in payment being recovered and/or future payments under the Telehealth Hosting Service Incentive being suspended or ceased.

I agree to:

- advise Medicare Australia in writing of any changes to the information provided within 14 calendar days.

I declare that:

- the information on this form is correct.

Authorised representatives full name

Signature


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Date

## Privacy note

The information on this form will be used to determine the services eligibility to receive and apply for the Telehealth On Board Incentive Program. The collection of this information is authorised by the *Medicare Australia Act 1973*. Information, including personal information, provided on this form may be disclosed to the Department of Health and Ageing or as authorised or required by law.

## Office use only

Incentive Amount:

\$
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Date Processed:

/ /
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Confirmation letter sent:

/ /
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