



Residential Aged Care Service Telehealth Hosting Service Incentive Change of authorised representative details

Important information

Complete this form to change the details of the authorised representative for correspondence and phone enquiries relating to your Telehealth Hosting Service Incentive payments.

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

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

Hosting facility details

1 Residential Aged Care Service ID

2 Trading name

3 Address

Building

Property

Suite Unit Shop

Number Floor number

Address

Postcode

New authorised representative details

4 Dr Mr Mrs Miss Ms Other

Family name

First given name

5 Position

6 Property

Suite Unit Shop

Number Floor number

Address

Postcode

7 Daytime phone number

Mobile phone number

Fax number

Email

Declaration

8 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(s) 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 representative full name

Authorised representative's signature

Date

Privacy Note

The information on this form will be used to change a services authorised representatives details under the Telehealth Host Service 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.