



Residential Aged Care Service Claim for Telehealth Hosting Service Incentive payment

Important information

Complete this form to apply for the Telehealth Hosting Service Incentive Payment. This form is only to be used by Residential Aged Care Services already registered as an eligible Telehealth Hosting Facility.

Supported consultation

The patient had the support of a medical practitioner, nurse practitioner, midwife, aboriginal health worker or practice nurse during the Telehealth consultation.

Unsupported consultation

The patient was alone during the 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 claim form and/or
- the applicant fails to notify Medicare Australia within the required time of any relevant changes in the services 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 the services details.

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

This is the physical address where the Telehealth consultation(s) were provided.

Building

Property

Suite Unit Shop

Number Floor number

Address

Postcode

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

Claim details

8 Please provide details of all Telehealth consultations undertaken at your hosting facility.

Month

Year

Number of **supported**

Number of **unsupported**

Declaration

9 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

Signature

Date

Privacy note

The information on this form will be used to determine the services eligibility to receive payments under the Telehealth Hosting 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.