



# Billing agent—electronic transmission of Medicare claims agreement

This agreement is between the Commonwealth as represented by the CEO of Medicare Australia (Medicare Australia) and billing agent.

**Please complete and sign this agreement and return it to:**

The Manager  
Software Vendor Helpdesk  
Medicare Australia  
PO Box 1001  
Tuggeranong DC ACT 2901

**Fax:** 02 6124 6633  
**Phone:** 1300 550 115  
**Email:** [edihelp@medicareaustralia.gov.au](mailto:edihelp@medicareaustralia.gov.au)

---

## 1. Billing agent information

Billing agent name:  
.....

Billing agent registration number   
ACN number   
ABN number

Is data currently being transmitted for other Medicare Australia programs?  Yes  No

[If yes please indicate the location (minor) ID —three alpha, five numeric]

Will you be using this number for simplified billing?  Yes  No

[If no please indicate the location (minor) ID you wish to use—three alpha, five numeric]

---

## 2. Contact person (contact person for all payment enquiries)

Name: .....

Position: .....

Phone: (.....) ..... Fax: (.....) .....

Email: .....

---

## 3. Software supplier and communication carrier details

Software supplier name:  
.....

Communication carrier name:  
.....

---

## 4. Confidentiality

The billing agent understands it is bound by the *Privacy Act 1988*.

---

## 5. Documentation

The billing agent understands its obligation in accordance with the *Health Insurance (Approval of Billing Agents) Guidelines* to:

- retain documents for two years, and
- allow an inspection of books and records on request from an authorised person.

---

## 6. Software requirements

The document preparation software is supplied by Medicare Australia free-of-charge. To enable the correct version to be sent to you please nominate the operating system that will be used on the computer from which the transmission will be sent.

**Note:** Transmissions cannot be initiated from a server.

DOS	<input type="checkbox"/>	SCO/UNIX	<input type="checkbox"/>
HP/UNIX	<input type="checkbox"/>	AT and T	<input type="checkbox"/>
AIX	<input type="checkbox"/>	Windows 95/98/NT	<input type="checkbox"/>

The billing agent agrees to assume all responsibility for, and legal obligations in relation to, the establishment and maintenance of the software that it uses to produce and transmit data to Medicare Australia.

The billing agent agrees that Medicare Australia is excluded from any liability for direct and indirect damage including, but not limited to, loss of profits suffered or incurred by the applicants arising directly or indirectly out of any act or omission of the applicant or any of its personnel, in relation to the electronic transmission of data to Medicare Australia.

The billing agent agrees to use software that the supplier of the software warrants is compliant, in that it complies with representations of, and time specified, in the relevant Australian standard formats.

---

## 7. Declaration

I declare that to my knowledge, all information provided on this form is true and correct. I agree to inform Medicare Australia, without delay, of changes to the billing agent's bank details, or other information relevant to this agreement.

I undertake that all of the claims that are lodged with Medicare Australia under this agreement will accurately reflect the service information provided to the billing agent by the medical practitioner(s).

I am authorised to sign this agreement for and on behalf of the billing agent.

Signature: ..... Date: .....

Name: ..... Position: .....  
(Please print)

**Medicare Australia office use only**

Processing date: ..... Processed by: .....

Operator ID: ..... Source office code: .....