

Fax header

To: Simplified Billing Coordinator	From: (Fund/billing agent name)	<input type="text"/>
Fax number <input type="text"/>	Senders name	<input type="text"/>
Pages <input type="text"/>	Contact number	<input type="text"/>



Australian Government
Medicare Australia

Simplified billing adjustment claim form

This form is approved by the Medicare Australia under Section 20B (2)(a) of the *Health Insurance Act 1973*

Customer name	<input type="text"/>		
Minor ID	<input type="text"/>		
Original claim ID	<input type="text"/>	Adjustment claim ID	<input type="text"/>
Original date of lodgement	<input type="text"/>	<i>Billing entity must allocate</i>	

Patient details originally submitted

Medicare card number	Patient name	Provider number	Reason for adjustment

Please note:

- Only claims with the same original batch details can be submitted on this form. Please complete a separate form for each batch for which adjustments are required.
- Copies of the original accounts or screen dumps, on health fund/billing agent letterhead, which supports the claim being made must be attached to this form.
- The screen dump MUST be authorised and signed by a staff member from that billing entity.

Certification: The document/s that follows this fax header is a true copy of the original document/s submitted to this billing entity by the medical practitioner who performed the services to the patient/s nominated. This section must be signed by the sender of this fax.

Signature	<input type="text"/>	Title	<input type="text"/>
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Privacy note

The information provided on this form will be used to assess adjusted claim benefits for Simplified billing service(s) rendered. The information provided will be used to assess any Medicare Benefits payable for the services rendered and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Human Services, Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised or required by law.

Disclaimer

The information contained in this fax is intended for the named recipient only. It may contain privileged and confidential information and is subject to intellectual property, including copyright. If you are not the intended recipient, you must not copy, distribute, take any action in reliance on it, or disclose any details of the fax to any other person or body. If you have received this fax in error please notify us immediately on the contact number of the sender shown above to arrange the return of this document. The billing entity agrees that Medicare Australia is excluded from any responsibility, direct or indirect, incurred by the billing entity in relation to the transmission of faxes containing confidential patient information relating to Medicare benefits.

Making an adjustment claim using the 'Simplified **billing adjustment** claim form'

1. Complete the fax header section including the health fund or billing agent name, senders name and contact number.
2. Identify the claim in which the patient details were originally submitted to Medicare Australia for payment and allocate a claim number to your adjustment claim.
3. Complete the patient details section giving reasons for the adjustment request.
(If more space is required please attach another page including the necessary information.)
4. All relevant patient accounts/screen dump and clinical information should be faxed to Medicare Australia along with this claim form.
5. All patient adjustments nominated on one form should belong to the same original claim. (If they belong to different claims, the adjustment will not be processed).
6. Ensure the document certification section is signed. You are required by the Electronic Transaction Act to provide proof that the documents faxed to Medicare Australia are true copies of the original account issued by the servicing provider.
7. Fax the completed signed form with all associated documentation to the Simplified Billing Coordinator in your state. See below for a list of numbers.
8. A statement of benefit will be printed for each adjustment and mailed out on the Monday following the week the claim was processed.
9. If the claim results in an underpayment, a cheque for all adjustments processed for each Saturday-to-Friday period will be sent on the following Tuesday.
10. If the claim results in an overpayment, the statement of benefit will show details of the adjustment and include the amount of overpayment.

Medicare Australia will invoice health funds and billing entities for overpayments.
11. Details of each patient adjustment will be shown on the statement of benefit, for the claim.

Enquiries:

1. For further information on claim processing please contact the Simplified Billing Coordinator on 1300 1300 43.
2. For information on cheque payments call 02 6124 4662.
3. For information on refunding overpayments to Medicare Australia following adjustments, please contact Medicare Australia's Simplified Billing Coordinator on 02 6124 4077.
4. For more information on Simplified billing latter day adjustments please contact Medicare Australia's Simplified Billing Coordinator on 02 6124 4077.
5. Please mail overpayment cheques to:

Attention: NSW Finance (BRS) 8th Floor,
Medicare Australia
GPO Box 9822
Sydney, NSW 2001

Fax Numbers

NSW Simplified Billing Coordinator (02) 9895 3553
VIC Simplified Billing Coordinator (03) 9605 7862
QLD Simplified Billing Coordinator (07) 3004 5408
SA Simplified Billing Coordinator (08) 8274 9408
TAS Simplified Billing Coordinator (03) 6215 5632
WA Simplified Billing Coordinator (08) 9214 8129