

medicare



IVF/GIFT Elonva® applications

When to use this form

This form must be completed for patients receiving treatment with Elonva® as described in item 13200, 13201, or 13202 of the Health Insurance (General Medical Services Table) Regulations.

The name of the current gonadotrophin releasing hormone (GnRH) antagonist must be indicated.

Incomplete forms will be returned for amendment and resubmission.

For more information

For more information about the IVF/GIFT program go to our website humanservices.gov.au/healthprofessionals > **Specialised drugs (PBS) A-I > IVF/GIFT program** or call **1800 700 270** (call charges apply from mobile phones) and select option 1, Monday to Friday, between 8.00 am to 5.00 pm, Australian Eastern Standard Time.

Returning your form(s)

Send the completed form, attached to the relevant IVF/GIFT summary of order form to:

**Department of Human Services
IVF/GIFT processing section
Reply Paid 9826
Hobart TAS 7001**

Filling in this form

Print in **BLOCK LETTERS**
Please use black or blue pen

Provider's details

1 Provider number

2 Family name

First given name

3 Work phone number

Alternative number

Fax number

Provider's declaration

4 I declare that:

- the information on this form is correct.

Provider's signature

Date

 / /

Details of patients treated with Elonva®

Medicare number			
Family name			
First given name			
Date of Service			
MBS code			
Provide each patient's weight (Kg)			
Provide each patient's antral follicle count			
Circle which GnRH antagonist for each patient	Cetrotide®/Orgalutran®	Cetrotide®/Orgalutran®	Cetrotide®/Orgalutran®
Elonva® (quantity used)	100mcg (Patient weight ≤ 60kg)		
	150mcg (Patient weight > 60kg and ≤ 90kg)		

Attachments



For additional patients attach additional forms to the IVF/GIFT Summary of order form. The order for supply of pharmaceutical benefits form must also be completed.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected for a Social Security, Family Assistance, Medicare, Child Support and CRS purpose, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments. Your information is used for the assessment and administration of payments and services and may also be used within Human Services, or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law. You can get more information about privacy by going to our website humanservices.gov.au/privacy or requesting a copy of the full privacy policy at one of our Service Centres.